Missouri State Board of Nursing Newsletter

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Message from the President

Rhonda Shimmens, RN-C, BSN, MBA

Delegation may be a difficult skill to develop among nurses. Although there is considerable variation in the language used to talk about delegation, the American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN) both define delegation as the process for a nurse to direct another person to perform nursing tasks and activities. NCSBN describes this as the nurse transferring authority while ANA calls this a transfer of responsibility. Both mean that a registered nurse (RN) can direct another individual to perform a nursing task. Both stress that the nurse retains accountability for the delegation (Joint Statement, 2014).

The NCSBN has identified "Five Rights of Delegation." Briefly, these are:

1. Right Task: A task that is delegable for a specific patient.
2. Right Circumstances: Appropriate patient setting, available resources and other relevant factors considered.
3. Right Person: The right person is delegating the right task to the right person to be performed on the right person.
4. Right Direction/Communication: Clear, concise description of the task, including its objective, limits and expectations provided.
5. Right Supervision: Appropriate monitoring, evaluation, intervention as needed, and feedback.

You can find a Delegation Decision-Making Tree as well as other resources on delegation on our web site at http://pr.mo.gov/nursing-focus.asp.

The Delegation Decision-Making Tree was a tool developed to assist nurses in making delegation decisions. Licensed nurses have ultimate accountability for the management and provision of nursing care, including all delegation decisions.

To use the Delegation Decision-Making Tree, start with a specific client, care-giver and nursing activity. Beginning at the top of the tree, ask each question as presented in the box. If you answer "no" to the question, follow the instructions listed to the right of the box and arrow. If you answer "yes," proceed to the next box. If you answer "yes" for all questions, the task is delegable.

The grid can be used:

- For nurses making delegation decisions.
- For staff education regarding delegation.
- For orientation of new staff, both nurse and unlicensed assistive personnel (UAP).
- For nursing education programs providing basic managerial skills for students.
- For nursing continuing education.
- For Member Boards responding to questions about delegation *(Boards may consider including this tool as part of a delegation information packet).*
- For orientation of new board members and attorneys.
- For Member Board workshops and presentations regarding delegation issues.
- For evaluation of discipline complaints involving concerns regarding delegation.

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Executive Director's Report

Authored by Lori Scheidt, Executive Director

Registered Nurses Licenses Set to Renew in February 2015

Registered Nurses (RN) renewal postcards with PIN numbers will be mailed to your address in mid-February 2015. They are mailed to the address on our records, so it is very important that you inform our office in writing whenever you change addresses. A change form can be found on the board's website and also in this publication.

It takes 3-5 business days for your license renewal to be processed. You can go to www.nursys.com to check the status of your license at any time.

Legislative Session

The 2015 legislative session starts January 7, 2015 and will go through May 15, 2015. Legislators began pre-filing bills on December 1, 2014.

Legislation impacts nursing careers, shapes health care policy and influences the care delivered to patients. Your education, expertise, and well-earned public respect as a nurse can allow you to exert considerable influence on health care policy. Nurses have been somewhat reluctant to do this in the past but you are in an excellent position to advocate for patients. Never underestimate the importance of what you have to say. As a professional, you bring a unique perspective to health care issues and often have intricate knowledge that helps provide insight for our legislators.

You should make your thoughts known to your legislative representatives. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, your area of expertise and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at http://moga.mo.gov/

Workforce Data Collection and Analysis

Section 324.001.3. RSMo, authorizes boards within the Division of Professional Registration to collect data to support workforce planning and policy development.

> 324.001.3. ...Each board or commission shall have the authority to collect and analyze information required to support workforce planning and policy development. Such information shall not be publicly disclosed so as to identify a specific health care provider, as defined in section 376.1350, RSMo...

Not all boards have the manpower or expertise to analyze the data nor are authorized in their duties to contract with outside agencies for workforce development and analysis. Boards also have no authority to share

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Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (*MoSALPN*)	573-636-5659
Missouri Nurses Association (*MONA*)	573-636-4623
Missouri League for Nursing (*MLN*)	573-635-5355
Missouri Hospital Association (*MHA*)	573-893-3700

Number of Nurses Currently Licensed in the State of Missouri

As of January 2, 2015

Profession	Number
Licensed Practical Nurse	23,531
Registered Professional Nurse	102,517
Total	**126,048**

http://pr.mo.gov

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data with another entity or agency unless it meets the requirements in Section 324.001.8, RSMo, which allows boards to release information to other **administrative or law enforcement agencies** acting within the scope of their statutory authority. The Missouri Department of Health and Senior Services (DHSS) currently issues reports related to licensed professionals.

The boards are charged with protecting the public. Addressing the challenging quality and safety issues pervasive in health care depends upon adequate levels of appropriately educated and prepared health care professionals. A shortage of health care professionals is a quality of care issue.

Health regulatory boards are creatures of statute with only those powers and authority expressly granted in state statute. We cannot do this without the authority.

House Bill 112

Representative Diane Franklin (R-District 123) filed House Bill 112 which would give the board of nursing, board of pharmacy, dental board, and board of registration for the healing arts the authority needed to collect and analyze health care workforce data. The actual language contained in the bill follows.

324.001.14

1. The Board of Nursing, Board of Pharmacy, Missouri Dental Board, or the State Board of Registration for the Healing Arts may individually or collectively enter into a contractual agreement with the Department of Health and Senior Services, a public institution of higher education or a nonprofit entity for the purpose of collecting and analyzing workforce data from its licensees, registrants or permit holders for future workforce planning and to assess the accessibility and availability of qualified healthcare services and practitioners in Missouri. The boards shall work collaboratively with other state governmental entities to ensure coordination and avoid duplication of efforts.

a. The boards may expend appropriated funds necessary for operational expenses of the program formed pursuant to this section. Each Board is authorized to accept grants to fund the collection or analysis authorized herein. Any such funds shall be deposited in the respective Board's fund.
b. Data collection shall be controlled and approved by the applicable state board conducting or requesting the collection. Notwithstanding the provisions of sections 324.010.3 and 334.001, RSMo, the boards may release identifying data to the contractor to facilitate data analysis of the healthcare workforce including, but not limited to, geographic, demographic and practice/professional characteristics of licensees. The state board shall not request or be authorized to collect income or other financial earnings data.
c. Data collected pursuant to this section shall be deemed the property of the state board requesting such data. Data shall be maintained by the state board in accordance with Chapter 610, RSMo, provided any information deemed closed or confidential under section 324.001.8, RSMo, or any other provision of Missouri law shall not be disclosed without consent of the applicable licensee or entity or as otherwise authorized by law. Data shall only be released in an aggregate form in a manner that cannot be used to identify a specific individual or entity.
d. Contractors shall maintain the confidentiality of data received or collected pursuant to this section and shall not use, disclose or release any data without approval of the applicable state board.
e. Each board may promulgate rules subject to the provisions of this section and chapter 536, RSMo, to effectuate and implement the workforce data collection and analysis authorized by this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2015, shall be invalid and void.

Missouri State Board of Nursing Budget

Nursing regulation is the governmental oversight provided for nursing practice in each state. Nursing is regulated because it is one of the health professions that pose risk of harm to the public if practiced by someone who is unprepared or incompetent. The public may not have sufficient information and experience to identify an unqualified health care provider and is vulnerable to unsafe and incompetent practitioners. Through regulatory processes, the government permits only individuals who meet predetermined qualifications to practice nursing. The Board of Nursing is the authorized state entity with the legal authority to regulate nursing.

The Missouri State Board of Nursing approves individuals for licensure, approves educational programs for nurses, investigates complaints concerning licensees' compliance with the law, and determines and administers disciplinary actions in the event of proven violations of the Nurse Practice Act.

The renewal fee is $60 for Registered Nurses and $52 for Licensed Practical Nurses. $10 of the RN and $2 of the LPN fee is deposited in a fund with the Department of Health in order to administer the nursing student loan program. You can access more information about the nursing student loan program at http://health.mo.gov//living/families/primarycare/healthprofloans/index.php

The top three budget items for our office are professional services to investigate complaints, supplies

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and salaries. Supplies include postage. This year, we will mail approximately 100,000 renewal notices for a total postage bill of approximately $49,000. One of the ways costs can be decreased is to keep your address current with our office and renew online EARLY.

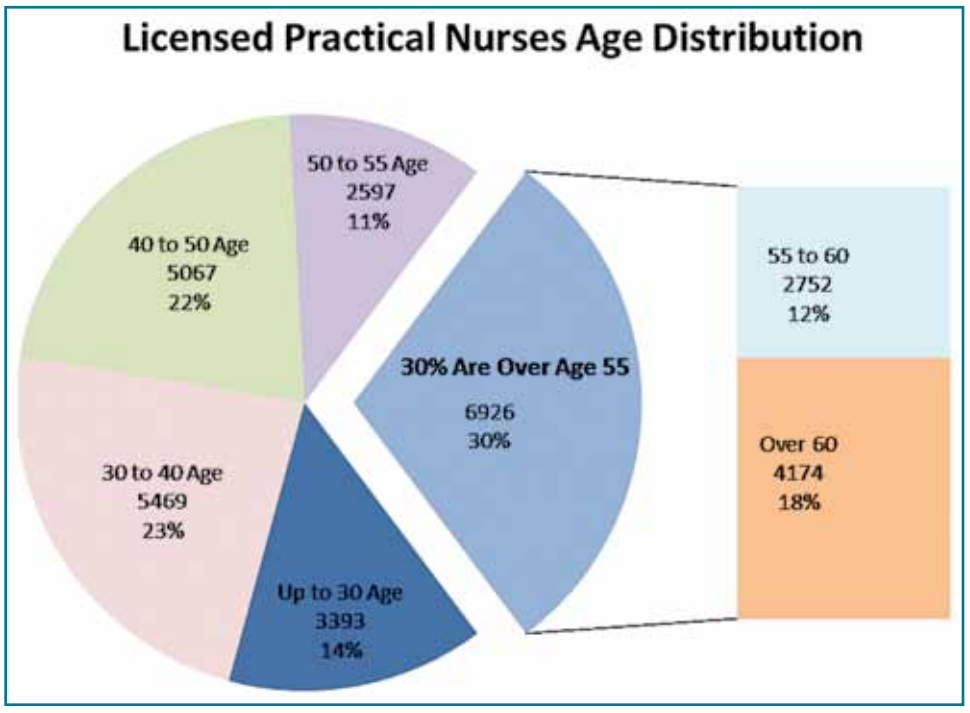
The Board of Nursing's fund is also assessed costs from the Division of Professional Registration, Department of Insurance, Financial Institutions and Professional Registration and Office of Administration. These costs include services such as computers, information technology support, purchasing staff, accounting staff, web site maintenance, and licensing renewal processing staff. In addition, our office utilizes the Office of the Attorney General for some of our legal counsel work.

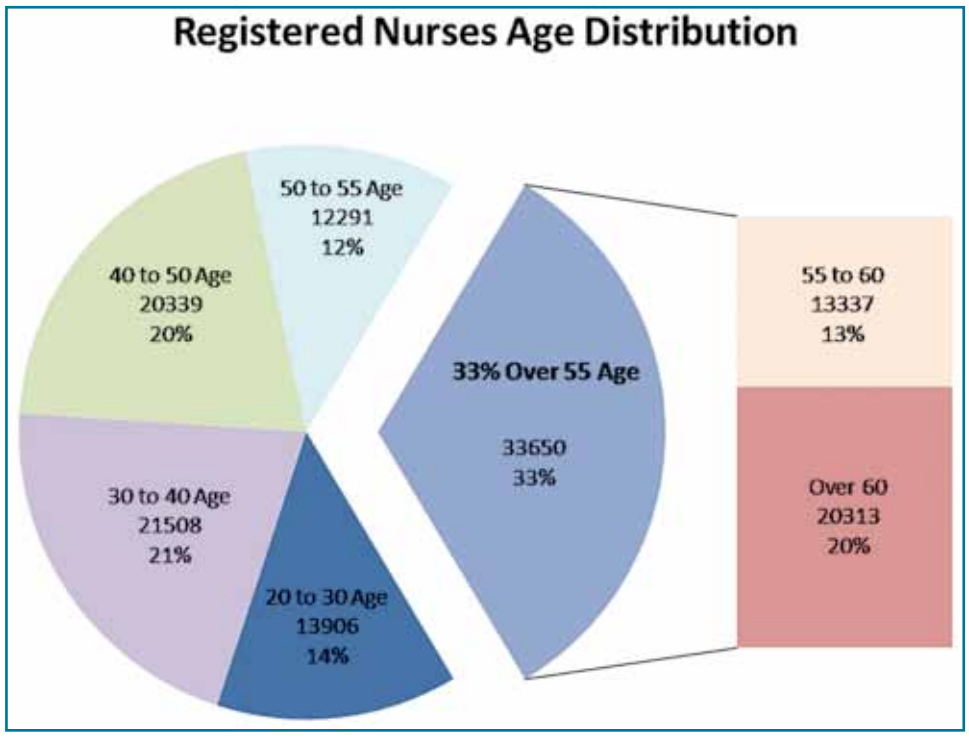
RNs renew every two years in odd-numbered years and LPNs renew every two years in even-numbered years. Since there are more RNs than LPNs, the Board receives more revenue in odd-numbered years than in even-numbered years. The RN renewal cycle is February to April. The LPN renewal cycle is March to May. When determining revenue and expenses, the board has to plan for enough reserve in the fund to pay expenses until the revenue from renewal fees is received. State statute 335.036.4, RSMo, indicates that the Board of Nursing funds cannot be placed to the credit of general revenue unless the amount in the fund at the end of the year exceeds two times our appropriation. This prevents the Board from charging excessive fees and also explains why renewal fees may fluctuate from year to year.

During the board's quarterly face-to-face meetings, the board diligently reviews financial statements. We are very cognizant of the fact that nurses pay for the operation of the Board and continually look for ways to cut costs.

We are working on transitioning to a new licensure system. We expect to see a decrease in operational expenses and increase in customer satisfaction and efficiencies when this system is fully implemented.

The board is cognizant that at some point we may see a decline in revenue due to fewer nurses renewing licenses. It is often difficult to predict how many nurses will not renew. Of concern is that 20,313 (20%) of RNs and 4,174 (18%) of LPNs are over age 60. Even more alarming is the fact that 33,650 (33%) of RNs and 6,926 (30%) of LPNs are over age 55. We know that nurses come back into or stay in the workforce when the economy is down. The numbers show many nurses are older and will retire in the near future, just when the wave of baby boomers hit retirement age themselves and need more nursing care. When this large population of older nurses retires, our revenue will steeply decline. The Board will continue to monitor this trend.





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PLEASE NOTE: *Given that scopes of practice are different from state to state, this tool may need to be altered to be consistent with the regulations in your jurisdiction.*

The Delegation Decision-making Tree was adapted from a similar tool previously developed by the Ohio Board of Nursing.

Delegation Decision-Making Tree

Adapted from the Delegation Decision Tree developed by the Ohio Board of Nursing

Are there laws and rules in place which support the delegation?	NO →	**Do not delegate**
↓ YES		
Is the task within the scope of practice of the RN/LPN?	NO →	**Do not delegate**
↓ YES		
Is the RN/LPN competent to make delegation decisions?	NO →	**Do not delegate** *Provide and document education*
↓ YES		
Has there been assessment of the client's needs?	NO →	**Assess,** *then proceed with a consideration of delegations*
↓ YES		
Is the UAP competent to accept the delegation?	NO →	**Do not delegate** *Provide and document education*
↓ YES		
Does the ability of the care-giver match the care needs of the client?	NO →	**Do not delegate**
↓ YES		
Can the task be performed without requiring nursing judgment?	NO →	**Do not delegate**
↓ YES		
Are the results of the task reasonably predictable?	NO →	**Do not delegate**
↓ YES		
Can the task be safely performed according to exact, unchanging directions?	NO →	**Do not delegate**
↓ YES		
Can the task be safely performed without complex observations or critical decisions?	NO →	**Do not delegate**
↓ YES		
Can the task be performed without repeated nursing assessments?	NO →	**Do not delegate**
↓ YES		
Is appropriate supervision available?	NO →	**Do not delegate**

Note: Authority to delegate varies, so licensed nurses must check the jurisdiction's statutes and regulations. RNs may need to delegate to the LPN the authority to delegate to the UAP.

In this edition of the Missouri State Board of Nursing newsletter, you will find an article titled, "Teaching Delegation to RN Students" which confirms delegating challenges.

Joint Statement on Delegation American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN). (2014, December) *National Council of State Boards of Nursing*. Retrieved from https://www.ncsbn.org/Delegation_joint_statement_NCSBN-ANA.pdf

Teaching Delegation to RN Students

Lisa Day, PhD, RN, CNRN, CNE; Kathleen Turner, DNP, RN; Ruth A. Anderson, PhD, RN, FAAN; Christine Mueller, PhD, RN, FAAN; Eleanor S. McConnell, PhD, RN; and Kirsten N. Corazzini, PhD

Registered nurse (RN) students have difficulty learning delegation and supervision, and new RNs lack confidence in executing these skills. To improve safety, therefore, RN educators require new teaching and learning strategies to help prelicensure students develop delegation and supervision skills. Our team of nurse educators and researchers developed, implemented, and evaluated a classroom learning activity on delegation and supervision for RN students. The activity, which is grounded in David Kolb's (1983) experiential learning theory, was developed from a research study on delegation and supervision in nursing homes. Drawing on the research data, we constructed robust case studies that authentically illustrate the nursing home practice environment, including the realistic impediments to best practice. Students in our Accelerated Bachelor of Nursing program found the learning activity beneficial to their understanding of and readiness to engage in delegation and supervision.

Efforts to increase access to health care services have led to an expansion of the capabilities of licensed practical nurses or licensed vocational nurses (LPNs/VNs) and unlicensed assistive personnel (UAP), including nursing assistants (NAs). Tasks that used to require a registered nurse (RN) now can be completed by an LPN/VN or UAP (Walsh, Lane, & Troyer, 2013; World Health Organization, 2008). Because these changes require RNs to develop expert delegation and supervision skills, our team of nurse educators and researchers developed, implemented, and evaluated a classroom learning activity for RN students that was guided by research on current nursing practice in nursing homes (Corazzini et al., 2013) and grounded in Kolb's (1983) experiential learning theory.

Background

The American Association of Colleges of Nursing (2008) lists knowledge and skills related to delegation and supervision as essentials of baccalaureate nursing education. Further, newly licensed RNs report spending the greatest amount of time in management of care activities, which include delegation (National Council of State Boards of Nursing [NCSBN], 2012). In 2006, the National Council of State Boards of Nursing (NCSBN) and the American Nurses Association (ANA) issued a Joint Statement on Delegation (NCSBN & American Nurses Association, 2006), listing the five rights of delegation: right task, right circumstances, right person, right directions and communication, and right supervision and evaluation. The statement also provides a detailed decision tree to support the RN's judgment in assessment, planning, communication, supervision, and evaluation.

Still, delegation and supervision knowledge and skills remain difficult for RN students to learn, and new RNs lack confidence in executing these skills (Beebe, 2010; Conger, 1999; Hasson, McKenna, & Keeney, 2013; Josephsen, 2013; Powell, 2011; Standing & Anthony, 2008). Promising teaching and learning innovations are based in adult, experiential, and constructivist learning theories and have the potential to impart knowledge that new RNs will be able to transfer to their practice. For example, Conger (1999) reported a classroom learning activity in which students used a delegation decision-making tool with hospital-based patient care vignettes to learn delegation skills. Students then demonstrated their learning by using their newly acquired skills in a clinical setting. Powell (2011) provided a multifaceted learning experience related to delegation that included didactic, case study, and clinical activities and found RN students' performance on a standardized critical-thinking examination improved in the area of delegation. Josephson (2013) reported an online learning innovation that succeeded in meeting course objectives related to delegation and supervision and increased students' confidence in their abilities in these practice areas.

Each of these three innovations used some form of case study. Powell (2011) used a prepared case study found on a textbook publisher website; Conger (1999) used a patient vignette of unreported origin; and Josephson (2013) used a case study developed by the author (p. 84). Engaging in discussion and reflection on a case study gives students a sense of purpose by bringing the clinical environment to the center of classroom discussion. By imaginatively entering the narrative of a case study, students can try out their thinking and exercise their clinical judgment.

Being immersed in concrete experiences and having opportunities to try out new ideas by actively experimenting are two well-known best practices to promote learning (Allen, Donham, & Bernhardt, 2011; Chickering & Gamson, 1987; Dewey, 1938; Kim, Sharma, Land, & Furlong, 2013; Kolb, 1983). In addition to concrete experience and active experimentation, learners need time to think about problems theoretically and to reflect, so they can achieve the highest level of retention and the greatest possible behavioral change and transfer learning to new environments. This is the basis for Kolb's (1983) theory of experiential learning. Kolb identifies four learning styles:

- Concrete experience in which the learner engages in an activity that immerses her or him in a real situation with something at stake
- Active experimentation in which the learner tries out new ideas, theories, and skills in real-world settings
- Abstract conceptualization in which the learner thinks about the problem theoretically and develops ideas about how to approach and solve it
- Reflective observation in which the learner reflects on the outcomes of her or his learning and develops plans for correction and extension of the learning.

Effective learning requires the learner to go through each style sequentially as four learning stages during the learning experience (Armstrong & Parsa-Parsi, 2005; Kolb, 1983).

Developing the Videos

Similar to the innovations by Conger (1999), Powell (2011), and Josephson (2013), our learning innovation uses a case study design. However, we advanced this approach by constructing a series of three video case studies developed from empirical research data on how nursing practice takes place in nursing homes (Corazzini et al., 2013). Constructing cases from empirical data has been used successfully in clinical trials of behavioral interventions with nursing home staff, including practicing nurses, to improve care quality (Anderson et al., 2012). Using research data from interviews with nursing home RNs and LPNs, the team developed robust case studies that authentically illustrate the nursing home practice environment, including realistic impediments to best practice.

The nursing home is an ideal place for RN students to learn about delegation and supervision because of the structure of the nursing care team. The core team that

TABLE 1

Video Case Excerpts: Delegation Practices in Three Types of Nursing Home Care Teams

This table presents the dialogue for the first scene of the three videos, which takes place at the nurses' station in the nursing home. The nursing care team is preparing to receive a new admission to acute rehabilitation. Dennis is the LPN responsible for the admission.

Low-Capacity Team	Mixed-Capacity Team	High-Capacity Team
LPN: Oh! A new admission! OK, let me think about how I'm going to fit this in. Looks like he had back surgery and is on spine precautions. I sure hope he won't get here until I've finished my med pass. OK. Let me think about this. My CNAs tonight are Jen, Eric, and Nancy. Whose turn is it to do a new admit? That's right—Nancy's turn.	**RN:** Hi, Dennis. I just wanted to alert you that we will have a new admission shortly. Mr. Miller's coming to us and he's going to be on your unit...so I just want us to go through and make sure we have the right plan of care in place before he arrives. **LPN:** OK, thanks. **RN:** Mr. Miller's had a spine fusion so he's on spine precautions with mobility restrictions in place, no twisting, up only with his brace. Pain is probably going to be an issue for him. So we want to be sure we keep an eye on it. **LPN:** Yup. Yup. **RN:** Great! Thanks and you know to page me if you need me. **LPN:** OK, let me think about this. My CNAs tonight are Jen, Eric, and Nancy. I'll assign Nancy! She's a real trouper and won't complain...she's so good about helping out!	**RN:** Oh! Dennis! I need to talk with you a moment. We're going to have a new admission this evening. Mr. Miller is coming to us after a spine fusion, so we'll need to closely monitor his pain. **LPN:** OK, thanks. Should I just use the usual pain forms? **RN:** Well, it says he's alert and oriented, so we should be able to use the pain thermometer. If you have trouble gauging his pain level, let me know. Maybe there's another tool we can use. **LPN:** Like if he looks uncomfortable, but he's saying he doesn't have any pain... You want me to come get you? **RN:** Why don't you get me anyway once you've collected the pain data, and then we'll go in together and do a full assessment? **LPN:** OK. **RN:** Thanks. He'll be on mobility restrictions as well, so we'll want to make sure he doesn't twist in bed, so using the log-rolling technique is going to be really important, and we don't want him up without his back brace. These things need to go in the care plan, so that everyone's aware of them. Page me when you're ready for me! (RN exits) **LPN:** OK, let me think about this. My CNAs tonight are Jen, Eric, and Nancy. I'll assign Nancy! She's usually really good at working with residents who have pain.

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Teaching Delegation continued from page 5

plans and delivers daily care to all residents consists of RNs, LPNs/VNs, and NAs. The RNs complete ongoing, comprehensive assessments of long-stay residents and short-stay patients, develop plans of care in consultation with the rest of the care team, and provide supervision to the nursing team. The LPNs/VNs usually administer medications, collect data, and depending on state board of nursing regulations, make certain limited assessments. The LPNs/VNs also may provide direct supervision to the NAs.

The NAs have the most contact with residents and patients, assisting them with personal care, such as bathing, dressing, nutrition, and mobility, and gathering data that assist the LPNs/ VNs and RNs with medications management, assessment, and care planning. On a typical day shift, a nursing home has one NA for every 10 residents; one LPN supervising three NAs and responsible for the care of 30 residents; and one in-house RN supervising the care of more than 100 residents. During regular business hours, the director of nursing and assistant director of nursing, typically both RNs, are in-house for consultation. At other times, they are available by pager (Greene Burger, Mitty, & Mezey, 2010).

Given the structure of care delivery in the nursing home, delegation and supervision are essential RN skills (Lekan, Corazzini, Gilliss, & Bailey, 2011). Unfortunately, nursing homes are rarely used as sites for RN students to learn the complexities of leadership and management (Lane & Hirst, 2012). Most often, RN students complete clinical rotations in nursing homes at the beginning of their education to learn to assist with personal care. To take advantage of the rich learning potential in the nursing home environment, faculty members in the Duke University School of Nursing (DUSON) Accelerated Bachelor of Science in Nursing (ABSN) program partnered with DUSON faculty researchers to create a classroom learning activity using video case study vignettes to situate RN students in a nursing home environment while they learn and practice supervision and delegation skills.

Capacity for Quality Care

The research team derived a continuum of capacity for quality care based on interviews with LPNs/VNs and RNs in practice in nursing homes in North Carolina and Minnesota. Participants were asked to describe how they guide or supervise other nursing staff members and how assessment and care planning occur in their work environment. Based on the responses, nursing homes were classified as having nursing practice with a high, mixed, or low capacity for care quality (Corazzini et al., 2013). The three case studies for the learning activity were written to illustrate the behaviors or strategies nurses used to assess, plan care, delegate, and supervise in the three types of homes. The case studies were then scripted and filmed as video vignettes, using student actors and standardized patients.

Table 1 provides the first scene of the three cases to illustrate the differences among low-, mixed-, and high-capacity teams. In the low-capacity team, the LPN is working without RN input, deciding how to assign a new acute rehabilitation patient. Instead of using the five rights of delegation, the LPN makes the decision to assign the patient to the NA whose turn it is to take a new patient. The mixed-capacity team scene illustrates better RN involvement. The RN and LPN discuss the patient's needs, but the RN does not provide specific guidance or directions and does not make plans to complete an RN-level assessment; the LPN makes the assignment to the NA who is least likely to complain, again bypassing the best practices for delegation. In the high-capacity team, the RN and LPN collaborate to plan for the admission. The RN provides specific instructions, and the LPN asks clarifying questions. The RN plans to complete an assessment with the LPN. The LPN assigns the admission to the NA who is best at working with residents with pain, thus meeting one of the five rights of delegation. The cases unfold in four scenes: the LPN deciding on the assignment; the LPN informing the NA of the new admission; the NA meeting the new patient; and the NA reporting to the LPN.

Implementing the Innovation

Case study videos were added to a lecture on delegation and supervision and presented as one class in a required leadership course in the third semester of a four-semester ABSN program. First, the lecture on principles of delegation, regulation, and scope of practice of RNs, LPNs/VNs, and NAs provided the abstract conceptualization. After receiving information about delegation and supervision and the staffing structure in nursing homes, the students viewed the case study video illustrating a low-capacity nursing home team. This viewing provided students with a concrete experience of the delegation process. To help students reflect on their experiences, the teacher provided questions to contemplate during the video: Where is delegation occurring? How are the five rights of delegation used? How is supervision provided? What is the RN's role? What is missing in the team interactions and how does this affect the outcome? These questions were derived from the lecture immediately preceding the video. After the video showing, the teacher facilitated a group discussion of the questions with 79 students.

Next, the students watched the mixed-capacity team video and asked themselves: What is better? What is still missing? Finally, the students viewed the high-capacity team video and reflected on what they identified as the key features of effective and safe delegation and asked

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themselves: What could be better still? Watching the three videos in succession allowed the students to compare and contrast the functions of the three teams and imaginatively enter the practice of the providers. In the low-capacity team, the RN was absent, and students were asked to imagine themselves as the LPN and as the NA and discuss the input and support they would have liked from the RN. In the mixed- and high-capacity teams where the RN is present, the students were asked to imagine how they would do things differently. What steps would they take to ensure safe delegation and adequate supervision? This activity helped the students prepare for the active experimentation stage of their learning.

Then, the students completed a paper-and-pencil exercise in which they were provided a list of tasks to assign to an LPN/VN or delegate to an NA. They were encouraged to work in small groups to allow for discussion and problem solving and to choose the right care provider for the task. Also, the students were to describe how they would adhere to the five rights of delegation and how they would supervise the task completion. In addition, students were asked to describe one behavior or strategy they would try in practice. The combination of engaging in the delegation exercise and imagining their plans for actual practice provided students with opportunities for active experimentation. Thus, the learning experience took the students through all four stages of Kolb's learning cycle.

Evaluating the Learning Activity

Students evaluated the learning activity by providing written answers to the following four open-ended questions:

1. What did you find most helpful from this learning activity?
2. What did you find least helpful from this learning activity?
3. What is still confusing to you about delegation or supervision?
4. As a result of this learning activity, what one strategy or behavior might you try in your future practice as an RN?

The handwritten answer sheets were collected by faculty and transcribed by an administrative assistant. The first author identified themes in the individual student responses, which were reviewed and discussed with the second author and then reviewed by the full team.

Of the 79 students, 75 students responded to the first question. Some described how the video case studies made delegation and supervision skills real and enabled them to see how these skills are used in a real practice situation. Comments included the following:

- "The videos and case study made the five rights of delegation very tangible—it enabled me to see where/how the five rights can be hindered."
- "The videos were really helpful because it made it really easy to see the differences in good/bad delegation and what that looks like practically in the clinical environment."
- "Having real-life examples that I can relate to and...be able to use as I transition to professional practice."

In addition, students said that viewing scenarios demonstrating progressively better delegation and supervision, engaging in discussion with a skilled teacher who facilitated identification of missing elements, and comparing the videos helped further their thinking.

Fifty-eight students responded to the second question. Some suggestions for improving the activity included offering a variety of video scenarios and role playing. Some students wanted to break into smaller groups for discussion; others preferred to have a discussion with the whole group.

Sixty-six students responded to the third question. Some stated that nothing was unclear about delegation and supervision; others indicated they were still unclear about the scope-of-practice differences between RNs and LPNs, as illustrated by the following comments:

- "[I am]...A little confused on LPN and RN differences with scope-of-practice around assessment. It may be that there is a gray area that divides the two professions."
- "I'd like to learn more specifics about what an LPN does/how they differ from RNs."

The strategies or behaviors students plan to take into practice as a result of this learning activity were related to communication and relationships with coworkers. Seventy-four students responded to the fourth question, and some mentioned specific communication strategies, such as using "repeat back" and eliciting questions. They also discussed their commitment to clear communication with the team, especially when they are delegating, to make sure the delegatee understands and is able to complete the task. The strategies students plan to adopt reflect their understanding of the five rights of delegation. Students' responses to this last question also reflected their intent to include the LPNs and NAs in the care-planning process and treat them with respect and as partners:

- "Double-checking with delegatees regarding understanding of what I am asking them to do and making sure they feel comfortable asking questions."
- "I would definitely incorporate my CNA [certified nursing assistant] into my plan of care for the day. I will also delegate the right task to the right personnel."
- "Involving the CNA as a crucial member of the team."

Conclusions and Future Directions

The ABSN students found the learning activity beneficial to their understanding of and readiness to engage in delegation and supervision. Importantly, students identified real-life challenges faced by RNs in clinical practice settings, such as the potential confusion between RN and LPN scopes of practice in long-term care settings (Mueller, Anderson, McConnell, & Corazzini, 2012) and the need to include the observations that NAs make as the eyes and ears of the licensed nursing staff (Kontos, Miller, & Mitchell, 2010).

Future evaluation of the benefits of this learning activity should include observations of how students use their new knowledge and skills in clinical practice. With some adaptations, the same type of learning experience could be beneficial to the staff of a nursing home as a continuing education or staff development activity and also to students in LPN/VN and NA education programs.

With the projected growth of what is broadly referred to by the ANA and International Council of Nurses as "task shifting" (International Centre for Human Resources in Nursing, 2010; Pfeifer, 2012), developing and testing innovative educational models of delegation will only become more critical to ensure RNs and LPNs are prepared to practice within their scope and partner with NAs for safe and effective care.

Teaching Delegation continued on page 8

Teaching Delegation continued from page 7

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Moments with Marcus

Can Nurses Save Ferguson?

by Marcus Engel

237 Kirk Drive
Ferguson, Missouri

That's where I spent the first 10 years of my life. It's where I busted out my first tooth. It's where I begged my parents for a puppy. It's where I kicked some major bootie by winning first place in the Cub Scout Pinewood Derby. I have nothing but fond memories of the place I first called home.

However, my roots to Ferguson are rusty. Oxidizing and corroding, actually. Once my family moved when I was in the 4th grade, I've only been back a handful of times. Still, as violence and unrest have unfolded over the last several months, it just breaks my heart to see so much hurt in a place I love.

We all know the mantra for change: think globally, act locally. Or, my personal motto, just act in any loving and compassionate way.

But what can I do? I don't live anywhere even remotely near the events that have unfolded on our TV screens. I'm just one person. With emotional and social wounds so ingrained, what can I possibly do to help?

Well, I should have known a solution would come from a nurse.

Patricia Potter, R.N., Ph.D., FAAN, is the director of research, patient care services at Barnes-Jewish Hospital in St. Louis. BJH not only saved my life back in the day, but also was one of the hospitals to first receive patients who were injured in and around Ferguson. Pat also has deep roots to the community and, like so many of us, found herself wondering, "What can I do to help?"

We all know that education is one of the fundamental and fastest ways to eliminate poverty. Dr. Potter, working with the Greater St. Louis Community Foundation, created a nursing scholarship specifically for students from the Ferguson-Florissant School District.

This scholarship will help a Ferguson-Florissant student offset the expenses at the nursing school of his/her choice. If a journey of a thousand miles begins with one step, this scholarship will help insure that first movement is into a caregiving profession that knows no demographic boundaries. I hope you'll join me and the *I'm Here Movement* to support a future nurse's education and transition into a profession of the healing arts.

If you, too, would like to help a future nurse rise from the rubble to redeem the experiences of the last few months, please consider the following:

1. Go to this web site for the Greater Saint Louis Community Foundation: www.STLGives.org
2. Click on the tab "Give Today"
3. Enter an amount you wish to donate and select the fund "Ferguson Florissant School District Scholarship Fund"
4. Then (and most important) under Other – write in **"Nurses for Ferguson"** so the proper fund is rewarded

Nurses know how to improvise and make things happen. They know how to get the job done. And, most importantly, they know that the midst of upheaval is the exact time to be a healing and compassionate presence. I hope you, nurse friends, will stand up and help. I know you will... it's just what nurses do!

Schedule of Board Meeting Dates through 2016

March 3-6, 2015
June 3-5, 2015
September 2-4, 2015
November 18-20, 2015
March 9-11, 2016
June 8-10, 2016
September 7-9, 2016
December 7-9, 2016

Meeting locations may vary. For current information please view notices on our website at http://pr.mo.gov or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at http://pr.mo.gov

NCSBN National Simulation Study

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Maryann Alexander, PhD, RN, FAAN

Maryann Alexander, PhD, RN, FAAN, is the Chief Officer, Nursing Regulation, National Council of State Boards of Nursing, and the Editor-in-Chief, *The Journal of Nursing Regulation*.

With a growing number of undergraduate nursing programs vying for clinical sites and a stationary or shrinking pool of clinical opportunities, educators are challenged to find innovative ways to provide quality clinical experiences for their students. Over the past decade, programs have come to realize that the emerging technology of high-fidelity simulation allows students to develop and practice their nursing skills in a controlled environment. As more programs turn to this modality, educators and regulators alike began to ask a question for which existing research had no answer: to what extent could simulation be used as a substitute for traditional clinical experiences without affecting the quality of education?

Recognizing the need for a controlled, longitudinal study on the effectiveness of simulation, in 2010, the National Council of State Boards of Nursing (NCSBN) convened the National Simulation Study, a large-scale, randomized, controlled study that encompassed the entire nursing curriculum. Led by primary investigator Jennifer Hayden, the study aimed to determine whether simulation could be substituted for traditional clinical hours in prelicensure nursing curriculum, as well as the impact that a curriculum integrated with simulation had on educational outcomes and post-graduation nursing practice.

To accomplish this, ten nursing programs, five ADN and five BSN, were selected from institutions of various sizes, in geographically diverse areas across the United States and representing both urban and rural populations, to participate in the study. Consenting students who were beginning their studies in the Fall 2011 semester, with an expected graduation date of Spring 2013, were randomized into one of three groups: the control group, whose curriculum included traditional clinical experiences with no more than 10% of clinical hours spent in simulation; a group in which 25% of clinical hours were replaced with simulation; and a group in which 50% of clinical hours were replaced with simulation. Students remained in their assigned group for all undergraduate core nursing courses.

In preparation, each participating program selected a designated team of faculty and staff to be trained on the NLN/Jeffries Simulation Framework and the Debriefing for Meaningful Learning© method (Dreifuerst, 2010) to ensure consistent delivery across all programs. Simulation scenarios involved medium- or high-fidelity manikins, standardized patients, role playing, skills stations, and computer-based critical thinking simulations, and were subject to the same requirements as a traditional clinical setting. Throughout their studies, participants were evaluated on their nursing knowledge using the ATI Content Mastery Series® examinations. They rated the extent to which their learning needs were met via the Clinical Learning Environment Comparison Survey (CLECS). Instructors rated their competency on an ongoing basis using the Creighton Competency Evaluation Instrument (CCEI). Additionally, the study followed new graduate nurses into their first six months of employment as an RN after graduation, with both the nurses and their managers/ preceptors assessing their performance, critical thinking skills, and competency at six weeks, three months, and six months after hiring.

By graduation in Spring 2013, a total of 666 students of the 847 who had originally consented had completed the study. At this time point, there were no statistically significant differences in clinical competency as assessed by preceptors and instructors (p = 0.688), no statistically significant differences in comprehensive nursing knowledge assessments (p = 0.478), and no statistically significant differences in NCLEX® pass rates (p = 0.737) among the three study groups. Further, after moving into their first positions of nursing employment, manager ratings showed no statistical significance in the study subjects' clinical competency or readiness for practice at six weeks (p = 0.706), three months (p = 0.511), or six months (p = 0.527) (Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014).

The study's results align with other research that has substituted simulation for a portion of traditional clinical experiences (Meyer, Connors, Hou, & Gajewski, 2011; Watson et al., 2012).

Additionally, this study contributes to the body of knowledge addressing the transfer of learning from simulation to clinical practice. Final clinical preceptor evaluations showed no differences in critical thinking, clinical competency, and overall readiness for practice between the three study groups. Taken with the findings of previous studies (Alinier, Hunt, Gordon, & Harwood, 2006; Kirkman, 2013; Rutherford-Hemming, 2012), it is evident that skills learned in simulation do transfer to the clinical setting.

All evaluative measures in the National Simulation Study produced the same results: educational outcomes were equivalent when up to 50% of traditional clinical experience in the under-graduate nursing program was replaced by high-fidelity simulation. While these results will certainly inform the future of nursing education, one particular outcome that deserves mention is the high performance of the 666 participants that completed the study. End-of-program preceptor ratings of the students' clinical performance and critical thinking, based on a Likert scale where 1 = lowest rating and 6 = highest rating, consistently produced means of over 5.0. Likewise, surveys of managers in the participants' first position of employment, using the same scale, also showed mean ratings of over 5.0 (Hayden et al., 2014). While this could very well be a Hawthorne effect, to attribute the high ratings solely to the effects of being observed is to ignore several other important contributing factors.

First—as has already been mentioned—the faculty were diligently prepared to deliver instruction via this method. In three intense, weekend-long training sessions, faculty practiced not only how to effectively execute the simulation techniques called for by the study, but also how to give the activity a meaningful application through debriefing. Faculty proficiency in these methods was continually monitored throughout the study by their team leaders. All of this helped ensure that the delivery of content was of uniformly high quality.

In addition to this, the buy-in of the programs themselves was instrumental to the success of both the study and its participants. Ten nursing programs made the substantial two-year commitment to participate in the study, altering their pedagogy and collecting and reporting considerable amounts of data; all 10 remained until study completion. Further, the programs and their faculty excelled at supporting and engaging the student participants, resulting in a study completion rate of 79% (666 of the 847 who consented to participate) (Hayden et al., 2014).

The study outcomes clearly support the hypothesis that traditional clinical experiences may be substituted with up to 50% high-fidelity simulation; however, this finding does not imply that simulation is universally equivalent to a traditional clinical experience. The simulation methods employed in the study replicated the experiences of a traditional clinical opportunity as closely as possible, with equipment and supplies that provide a realistic setting; simulation experiences of lower fidelity than those utilized by the participating programs may not produce the same educational outcomes. Similarly, faculty who are not trained or experienced in simulation pedagogy may not attain the same effectiveness of content delivery as those on the study teams. Finally, institutional support for simulation on an ongoing basis, in the form of infrastructure, resources, and adequate staffing, is a definite consideration for any program considering the adoption of simulation. To this end, NCSBN is currently compiling a set of guidelines and best practices for the successful implementation of simulation within a nursing program.

The National Simulation Study informs the discussion on what future research is needed in this area. Further study is called for to address the ratio of traditional clinical hours to simulated clinical experiences. The upper limit of 50% simulation included in this study did not determine a point at which substitution affects educational outcomes. In addition, the impact of the proportion of time a student spent actively participating in a simulation, as opposed to observing, may also warrant further research.

The National Simulation Study has provided evidence of the equal effectiveness of both traditional and simulated clinical experiences. In fact, the evidence suggests that the amount of simulation used in a program is not a factor in that program's success, so long as a culture of institutional support, feed-back, and ongoing faculty training is cultivated by administrators. As stated in the conclusion of the study: "In both environments, when structure, an adequately prepared faculty with appropriate resources, dedication, foresight, and vision are incorporated into the prelicensure nursing program, excellent student outcomes are achieved" (Hayden et al., 2014). DN

Note: To download a copy of the complete study, go to journalofnursingregulation.com.

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Additional Readings

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Disciplinary Actions**

Pursuant to Section 335.066.2 RSMo, the Board "may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license" for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

CENSURE

Karanja, Sarah Wanjiru
Saint Ann, MO
Registered Nurse 2012020045
Licensee's license expired on April 30, 2013. Licensee practiced nursing in Missouri without a license from May 1, 2013 through June 9, 2014.
Censure 10/18/2014 to 10/19/2014

Dunn, Kelly Lou
Marshall, MO
Licensed Practical Nurse 2006026068
Licensee worked without a valid license from June 1, 2012 through May 13, 2014.
Censure 09/17/2014 to 09/18/2014

Stewart, Tessa Layne
Kansas City, MO
Registered Nurse 2013004777
From the beginning of Respondent's probation through July 31, 2014, Respondent has failed to call in to NTS on fifteen (15) days.
Censure 09/25/2014 to 09/26/2014

Mason, James L.
Billings, MO
Registered Nurse 134605
Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), to schedule random witnessed screening for alcohol and other drugs of abuse within twenty (20) working days of the effective date of the Order. Respondent was to complete the contract with NTS and submit the completed contract to NTS by February 14, 2014. Respondent did not complete the contract process with NTS until March 24, 2014. Pursuant to Respondent's contract with NTS, Respondent was required to call a toll-free number every day to determine if he was required to submit to a test that day. If selected, he was required to report to a collection site

CENSURE continued...

and provide a sample for screening. Respondent failed to call in to NTS on eight (8) different days. In addition, on April 17, 2014, Respondent failed to call NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on April 17, 2014. Pursuant to the terms of Respondent's probation in the Order, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of April 14, 2014.
Censure 09/25/2014 to 09/26/2014

Clark, Nikki Lyn
Lake Ozark, MO
Registered Nurse 2003017640
From February 13, 2014, until the filing of the Complaint on July 17, 2014, Respondent failed to call in to NTS on three (3) separate days. In addition, on one occasion, June 17, 2014, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading of 19.9. In accordance with the terms of the Order, urine samples with creatinine readings below 20 are deemed diluted specimens and are considered failed drug and alcohol tests by the Board and a violation of the terms of probation. In accordance with the terms of the Order, Respondent was required to obtain continuing education hours covering the following categories: Righting a Wrong -Ethics and Professionalism in Nursing; Professional Accountability and Legal Liability for Nurses; Missouri Nursing Practice Act; Disciplinary Actions: What Every Nurse Should Know, and have the certificate of completion for all hours submitted to the Board by July 15, 2014.
Censure 09/18/2014 to 09/19/2014

Moore, Delisa L.
Saint Louis, MO
Registered Nurse 150187
Licensee practiced nursing in Missouri without a valid license from May 1, 2013 through May 1, 2014.
Censure 10/03/2014 to 10/04/2014

Smith, Russell J.
O Fallon, IL
Licensed Practical Nurse 055514
Licensee received public discipline against his Illinois PN nursing license from the Illinois Board of Nursing effective November 13, 2012 in the form of a public reprimand. The discipline in question stemmed from licensee's actions in failing to properly secure a medication cart which was his responsibility which resulted in the loss of a card of Tramadol. Licensee was

CENSURE continued...

written a letter from this Board on October 28, 2013 to explain his conduct in this matter and failed to respond in any manner to the Board.
Censure 09/02/2014 to 09/03/2014

Fielder, Andee Nicole
Columbia, MO
Licensed Practical Nurse 2003002508
Licensee practiced nursing in Missouri without a valid license to do so from June 1, 2012 through July 17, 2014.
Censure 11/22/2014 to 11/23/2014

Shively, Felicia D.
Lancaster, MO
Registered Nurse 148016
The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of May 12, 2014. The Board did not receive a thorough mental health evaluation submitted on Respondent's behalf by the documentation due date of May 12, 2014. In accordance with the Order issued March 31, 2014, Respondent was required to submit an application to renew her lapsed license, along with the required fees and criminal background check within thirty (30) working days of the date of the Order, making the due date May 12, 2014. Respondent submitted an application to renew her registered professional nursing license on May 2, 2014, but failed to submit the fingerprints required for the criminal background check and her license remained lapsed as of July 31, 2014, which was the date the probation violation was filed.
Censure 10/06/2014 to 10/07/2014

Gardner, Shanda S.
Pattonsburg, MO
Licensed Practical Nurse 054095
Licensee practiced nursing in Missouri without a current, valid license from June 1, 2012 through July 31, 2013.
Censure 11/03/2014 to 11/04/2014

Penniston, Amy Sue
Excelsior Springs, MO
Registered Nurse 2011008818
Licensee practiced nursing in Missouri without a license from May 1, 2014 through May 13, 2014.
Censure 09/30/2014 to 10/01/2014

Holcomb, Kelly Michelle
Poplar Bluff, MO
Registered Nurse 2013011428
From April 10, 2013, through July 22, 2014, Respondent failed to call in to NTS on three (3) days. Further, on

Censure continued on page 12

The Board of Nursing is requesting contact from the following individuals:

Heather Dickerson – PN 1999135145
Kimberly Oliver – PN 2000168572
Veronica Sutherland – PN 2002027451
Sanny Pachauri – 2006025151

If anyone has knowledge of their whereabouts, please contact Kristi at 573-751-0082 or send an email to nursing@pr.mo.gov

Censure continued from page 11

July 15, 2013; August 2, 2013; and January 16, 2014, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample on those days. On December 12, 2013, Respondent called NTS and was advised she had been selected to provide a urine sample for screening. Respondent reported to a collection site on that date but her sample was refused by a physician at the facility. In addition, on June 14, 2013, Respondent failed to call NTS (which is included as one of the above three days she failed to call in referred to in paragraph 8 above); however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on June 14, 2013, as well. In addition, on three separate occasions, January 3, 2014; April 1, 2014; and June 23, 2014, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading.
Censure 10/06/2014 to 10/07/2014

Shaw, Tonya Dione
Independence, MO
Registered Nurse 2009023492
From November 27, 2013, the start of Respondent's probation, through July 31, 3014, Respondent has failed to call in to NTS on fifteen (15) days. In addition, on June 5, 2014, Respondent failed to call NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on June 5, 2014. In accordance with the terms of the Agreement, Respondent was required to comply with Respondent's contract with the approved third party administrator, currently NTS, and failure to comply with the contract would constitute a violation of the terms of discipline. When Respondent first contracted with NTS, she spoke with Dr. Elam, the Medical Review Officer, with NTS, on December 28, 2013 and was instructed to provide samples for drug and alcohol testing at approved collection sites. Respondent was again told by Dr. Elam to provide samples for drug and alcohol testing only at approved collection sites on May 14, 2014 and August 4, 2014. Respondent has submitted some of her samples for testing at Respondent's place of employment. Respondent, for at least some of the urine screens she had submitted, had the specimen handed back to her by the collection agent to be mailed out by her. Once she was notified by NTS that this procedure was not appropriate, she "didn't do it anymore."
Censure 09/18/2014 to 09/19/2014

Arcaya, Erwin Adelberto
Ballwin, MO
Registered Nurse 2007023067
Licensee had a total caseload of two patients for the shift, one of which was patient TS. Licensee charted that he performed assessments and provided care for patient TS at 0200, 0300, 0500 and 0600. Upon further examination of patient TS's chart, Licensee did not actually enter information into the chart until after 0600. Licensee did not keep patient TS's chart accurate as he provided care and failed to chart assessments in real time. At around 0645 nurse EP began to work and took report from Licensee on patient TS. At that time it was discovered that patient TS had a change in condition. Licensee charted that the change in patient TS's condition occurred at 0600. However, Licensee did not add this information to patient TS's chart until 0725.
Censure 11/13/2014 to 11/14/2014

Craig, Kimberly L.
Kansas City, MO
Licensed Practical Nurse 050628
Licensee practice nursing in Missouri without a current, valid license from June 1, 2012 through June 7, 2013.
Censure 09/19/2014 to 09/20/2014

Tipton, Therman Alexander
Clinton, MO
Licensed Practical Nurse 2002025444
Licensee took a Zofran tablet from a resident's medication card and used it on himself for his nausea.
Censure 09/23/2014 to 09/24/2014

Clark, Sarah Belle
High Ridge, MO
Licensed Practical Nurse 2006030453
Licensee practiced nursing in Missouri without a license from June 1, 2012, to May 16, 2014.
Censure 09/02/2014 to 09/03/2014

CENSURE continued...

Wirtz, Travis Michael
Kansas City, MO
Registered Nurse 2008007483
From February 15, 2013, through July 28, 2014, Respondent failed to call NTS on six (6) different days. In addition, on seven (7) separate occasions, to-wit: August 8, 2013, September 19, 2013, January 22, 2014, March 5, 2014, March 28, 2014, April 21, 2014, and June 5, 2014, Respondent reported to lab and submitted the required urine sample which showed a low creatinine reading. On August 8, 2013, the low creatinine reading was 15.0. Respondent's creatinine reading was 11.9 for the September 19, 2013 sample. The creatinine reading for the test on January 22, 2014 was 18.4. The creatinine reading for the test on March 5, 2014 was 13.2. The creatinine reading for the test on March 28, 2014 was 16.4. The creatinine reading for the test on April 21, 2014 was 19.8. Respondent's creatinine reading was 16.8 for the June 5, 2014 sample.
Censure 09/17/2014 to 09/18/2014

PROBATION

McDonald, Debbie Marie
Mexico, MO
Registered Nurse 2012026009
On March 9, 2013, licensee was on duty as an RN on the evening shift. During the shift Licensee began crying at the nursing station, became dizzy, weak and shortly thereafter was found sitting on the bathroom floor after vomiting. Licensee refused to go to the emergency room and was advised to go home. Licensee had not assessed her patients or charted any medications prior to becoming ill, did not seek assistance from co-workers or as supervisor and did not complete any documentation before leaving.
Probation 09/26/2014 to 09/26/2016

Smith, Stephanie Marie
O Fallon, MO
Registered Nurse 2007025565
On September 19, 2011, Respondent pled guilty to the class D felony of fraudulently attempting to obtain a controlled substance. Respondent "called some prescription diet pills into the pharmacy, pretending to be one of the nurses that worked in the doctor's office." Respondent did not attempt to get a valid or lawful prescription for Adipex.
Probation 09/25/2014 to 09/25/2019

Davis, Lisa R.
Mansfield, MO
Registered Nurse 126187
On July 2, 2013, while licensee was on a client visit, she appeared to be shaky, had bloodshot eyes, and smelled of alcohol. On July 5, 2013, while licensee was on a client visit, she stumbled and almost fell upon entering the home and appeared to be extremely shaky during the visit. On July 9, 2013, while licensee was on a client visit, she had the smell of alcohol on her breath. On July 9, 2013, licensee was called in to the office as a result of the above complaints and asked to submit to a blood test to determine her sobriety. Licensee refused to provide a sample for testing and resigned her position on July 9, 2013. Prior to her employment licensee had previously been employed by another employer. While employed on December 17, 2012, it was reported to officials that licensee reported to work with alcohol on her breath and appeared to be impaired while on the job. Officials conducted an alcohol breath test on licensee, which registered her BAC at .048. In another incident, licensee pled guilty to DWI in the Circuit Court of Webster County, Missouri on August 13, 2012 after being arrested for DWI in that county on February 18, 2012 and providing a breath sample which tested at .227 BAC.
Probation 11/06/2014 to 11/06/2017

Lucas, Amy K.
Saint Louis, MO
Registered Nurse 2014037014
Petitioner was previously licensed by the Board until her license was revoked by the Board on July 2, 2012 for violating certain terms of probation that had previously been imposed against her license for her violations of the Nursing Practice Act.
Probation 10/16/2014 to 10/16/2019

Ellis, Cheila Lee
Cairo, IL
Licensed Practical Nurse 2003028618
On November 14, 2013, Licensee ran a hemoglobin test

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on patient LC. The result obtained from the test was 7.0, and was the only hemoglobin test result charted by Licensee for patient LC on November 14, 2013. Because of the low test result, patient LC was transferred to the emergency room for further evaluation. In the emergency room another hemoglobin test was performed with a result of 8.5. As a result of the discrepancy between the tests, a new policy was enacted to perform a second hemoglobin test whenever the first test had a result under 8.0. On December 3, 2013, Licensee was informed of the policy change. At that time, Licensee informed the Practice Manager that she had performed a second hemoglobin test on patient LC on November 14 2013 with a result of 6.9. Licensee stated that she had not charted the second test result. The Practice Manager then reviewed patient LC's file and found that Licensee had entered a new repeat test result. Licensee had not charted that the result was a late entry. The Practice Manager then accessed the test history on the Hemopoint H2 hemoglobin test machine and found that there was no test performed on November 14, 2013 with a 6.9 test result. Licensee falsely documented in patient LC's medical chart.
Probation 10/10/2014 to 10/10/2015

Bentz, Melissa Joy
Kansas City, MO
Registered Nurse 2008034610
On April 17, 2014, Licensee submitted a sample for a pre-employment drug test. The test result was confirmed positive for marijuana and Tramadol.
Probation 11/13/2014 to 11/13/2019

Sale, Russell A.
Saint Joseph, MO
Registered Nurse 2009003937
Licensee removed Hydrocodone from a Pyxis twice on May 15, 2012 for patient JJ and once on June 6, 2012 for patient DP, and did not document the waste or administration of the Hydrocodone. Licensee removed Hydrocodone from a Pyxis twice on May 9, 2012 for patient CE and again on May 10, 2012 for patient AH, and documented administering it to these two patients not assigned to him as a primary caregiver. He also did not notify the primary caregivers of these patients that he had administered the medications to the patients. Licensee removed Hydrocodone from a Pyxis twice on June 5, 2012 and once on June 6, 2012 for a patient with the initials HP who was currently receiving medication via an epidural and was under physician's orders not to receive any other pain medication unless ordered by an anesthesiologist. Licensee documented administering the Hydrocodone to patient HP, of which he was not the primary caregiver, and did not notify the primary caregiver of this administration. Licensee removed Hydrocodone from a Pyxis four times, (twice on May 16, 2012 for patients JJ and RK, once on May 22, 2012 for patient MH and once on May 23, 2012 for patient MH), in which he removed the Hydrocodone from a Pyxis located in another unit from which the patient was residing. It was later found that the Pyxis in

PROBATION continued...

the unit where each patient was actually residing had an adequate amount of Hydrocodone to be withdrawn.
Probation 11/25/2014 to 11/25/2017

Carroll, Molly S.
Norborne, MO
Licensed Practical Nurse 2014033503
On April 17, 2009, Petitioner pled guilty to the class A misdemeanor of possession of up to 35 grams of marijuana and pled guilty to unlawful use of drug paraphernalia. On March 31, 2009, Petitioner pled guilty to possession of up to 35 grams of marijuana.
Probation 09/17/2014 to 09/17/2019

Claxton, Kelly Ann
Kansas City, KS
Registered Nurse 2008004706
In accordance with the terms of the Agreement, Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent did not attend the meeting by phone or contact the Board to reschedule the meeting. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of March 26, 2014.
Probation 09/24/2014 to 09/24/2016

Dauma, Shelia Grace
Kansas City, MO
Licensed Practical Nurse 2008003691
On August 22, 2013, licensee submitted to a pre-employment drug screen. On August 29, 2013, Licensee's sample came back positive for Alprazolam and Morphine. In a letter to the Board's investigator, licensee admitted to taking Morphine that was a family member's and she admitted that taking the Morphine was wrong. Licensee did not have a prescription for Morphine, but did for Xanax.
Probation 10/03/2014 to 10/03/2019

Jones, Suzanne Louise
Porter, TX
Registered Nurse 2010035962
On December 21, 2012, a patient was discharged from the facility with an IV still in place. Licensee signed off on a patient's discharge from the facility documenting that the IV was discontinued by two RNs, but let the patient leave with an IV still in place. On January 19, 2013, Licensee withdrew hydromorphone for patient at 1215. Licensee did not document the medication as given until 1433. On January 19, 2013, Licensee withdrew hydromorphone for patient at 1722. Licensee did not document the medication as given until 1829. On January 19, 2013, Licensee withdrew one oxycodone tablet for patient at 1612. There was no record of the administration of the oxycodone. On January 22, 2013, Licensee withdrew one hydrocodone tablet for patient at 0926. Licensee did not document the medication as given until 1051. On January 28, 2013, Licensee withdrew one Alprazolam tablet for patient at

PROBATION continued...

0918. Licensee did not document the medication as given until 1058. On January 28, 2013, Licensee withdrew morphine for patient at 1104. Licensee did not document the medication as given until 1317. On January 30, 2013, Licensee withdrew hydromorphone for patient at 1342 and documented the medication as given at 1446. Licensee also withdrew hydromorphone for patient at 1751 and documented the medication as given at 1931. On February 2, 2013, Licensee withdrew hydromorphone for patient at 1313, documented the medication as given at 1317, and documented the waste of the remainder of the medication at 1612. Licensee also withdrew hydromorphone for patient at 1451 and documented the medication as given at 1806. On February 11, 2013, Licensee withdrew hydromorphone for patient at 1003 and documented the medication as given at 1150. Licensee also withdrew hydromorphone for patient at 1317 and documented the medication as given at 1511. Licensee also withdrew hydromorphone for patient at 1619 and documented the medication as given at 1809. On February 13, 2013, Licensee withdrew hydromorphone for patient at 0739 and documented the medication as given at 0902. Licensee also withdrew hydromorphone for patient at 0938 and documented the medication as given at 1104. On February 17, 2013, Licensee withdrew hydromorphone for patient at 1158. Licensee did not document the medication as given until 1350. On February 13, 2013, Licensee withdrew morphine for patient at 1129. There was no record of the administration or waste of the morphine. Licensee demonstrated inconsistent practice related to medication administration and waste.
Probation 10/10/2014 to 10/10/2015

Hancock, Tonya Michelle
Crane, MO
Registered Nurse 2008005839
Respondent provided a urine sample for screening at work. The sample that Respondent submitted tested positive for amphetamines.
On June 11, 2014, Respondent pled guilty to the class C felony of possession of a controlled substance. Respondent possessed methamphetamine. On June 11, 2014, Respondent was placed into the Stone County drug court diversion program and there has not been a sentence or judgment entered in the two cases. This diversion program will allow Respondent to withdraw her guilty pleas upon the successful completion of the drug court treatment program.
Probation 09/19/2014 to 09/19/2019

Wittman, Debra A.
Union, MO
Registered Nurse 063096
On September 17, 2013, officials were notified by client HK that licensee cancelled HK's appointment for September 13, 2013. Licensee on her hourly paperwork in

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relation to clients HK and also another client RP indicated she had seen both clients on September 13, 2013 and also that she had their "signatures" on her paperwork. Licensee admitted that she had not seen either patient on that day and had falsified the patients' records with nonexistent visits for that day.
Probation 10/09/2014 to 10/09/2017

Welch, Debbie M.
Vandalia, MO
Licensed Practical Nurse 022418
Licensee was responsible for providing in-home care to client M. Licensee was discovered sleeping at the home of client M on May 15, 2013. The mother of M witnessed licensee sleeping when she awoke to use the restroom. Licensee's employment was terminated on May 15, 2013. Licensee admitted that she "honestly just fell asleep."
Probation 09/02/2014 to 09/02/2015

Lehenbauer, Olivia
Shelbina, MO
Registered Nurse 2005032679
Licensee submitted her RN Petition for License Renewal (Petition), which was received by the Board on July 14, 2014. On her Petition, Licensee checked "yes" to the question: "Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any crime, whether or not sentence was imposed, excluding traffic violation?" In a written statement to the Board, Licensee disclosed that she had two (2) driving while intoxicated guilty pleas in 2008, which had been previously disclosed. A criminal background check revealed that Respondent had additionally pled guilty to the class A misdemeanor of stealing leased or rented property in case number 14RA-CR00153, on April 7, 2014. Licensee was asked to explain the circumstances of the crime and submit certified copies of the court documents. Licensee responded that the charge had been dismissed and submitted court documents from case number 13RA-CR00543 indicating that those charges had been dismissed. A subsequent letter was sent to Licensee asking her to explain the circumstances of case number 14RA-CR00153. Licensee submitted the same statement that she had previously sent with the

PROBATION continued...

words "the charges have been dismissed" crossed out and replaced with "judgment satisfied."
Probation 10/27/2014 to 10/27/2015

Hahn, Sherry N.
Springfield, MO
Registered Nurse 2004019219
On August 1, 2013, Licensee went to the Emergency Room while off duty and accessed the Omnicell. Video shows Licensee accessing the Omnicell, removing medication and placing it in her pocket. The Omnicell record shows that Licensee took two (2) amps of Dilaudid. On August 3, 2013, Licensee again went to the emergency room when she was off duty seeking medical care as a patient, and attempted to use the Omnicell with a co-worker's badge. Licensee admitted herself in the Acute Care Center with complaints of a hand injury after "punching" a wall and asked another registered nurse if she (Licensee) could use the other registered nurse's badge to access the employee bathroom so she didn't have to use the public bathroom. Licensee used the badge to get into the medication room and used her own log in to access the Omnicell, but was stopped before she could withdraw any medications. Pharmacy pulled a list of medications withdrawn by Licensee from July 2, 2013 through August 1, 2013, which revealed multiple instances of Dilaudid and morphine being withdrawn by Licensee with no corresponding documentation of the administration or wasting of the Dilaudid or morphine withdrawn. Licensee admitted to taking Dilaudid for approximately one (1) month.
Probation 09/26/2014 to 09/26/2019

Dujmovic, Jennifer R.
Saint Louis, MO
Registered Nurse 152066
On August 22, 2013, a prescription licensee presented for Tramadol at a local pharmacy was questioned because it was written on an old prescription pad and was signed by a doctor who was believed not to have been in practice for over a year. Licensee at first denied writing the prescription but then admitted that she had falsified the prescription for Tramadol. Licensee admitted to the Board's investigator that she wrote prescriptions under two different doctors' names and that she took the blank prescription forms while working. She also admitted that she wrote the prescriptions for Tramadol with a quantity of 240 tablets. She then confirmed to the Board's investigator that she wrote prescriptions for herself on at least eight (8) different occasions.
Probation 10/09/2014 to 10/09/2019

Bajkowski, Rebecca J.
Pleasant Hill, MO
Registered Nurse 100465
On September 23, 2013, Licensee was on duty when a patient's relative and other staff members noticed she was acting strangely, was unable to function as a nurse, and smelled of alcohol. Licensee was brought to a room wherein she was asked to consent to an alcohol screening test upon

PROBATION continued...

reasonable suspicion. Officials noticed licensee had a strong odor of alcohol, was going through dry heaves, and was unable to focus. Licensee was unable to spell her own last name as part of the consent to test process. Licensee was eventually taken to the Emergency Department and a blood alcohol test showed her to be at a .429 BAC.
Probation 09/30/2014 to 09/30/2019

Gibson, Amber Dawn
Columbia, MO
Registered Nurse 2008022179
On January 30, 2014, pursuant to the drug testing requirements of the Drug Court, Respondent reported to lab and submitted the required sample which showed a low creatinine reading of 3.9, which was deemed dilute. As a sanction, she was placed in the Boone County Jail for twenty-four (24) hours. Respondent was required to completely abstain from the use or consumption of alcohol in any form. On May 20, 2014, Respondent reported to a collection site to provide a sample pursuant to the requirements of the Drug Court, which was positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of June 5, 2014. However, the Board did receive an employer evaluation on June 19, 2014, which was dated June 10, 2014. The Board did not receive a chemical dependency treatment update from a chemical dependency expert by the June 5, 2014 due date. However, the Board did receive an update on June 17, 2014, which is dated June 16, 2014, on the first page, but is not dated until June 19, 2014, on the signature page of the chemical dependency professional.
Probation 09/25/2014 to 09/25/2019

Hall, Joel R.
Baxter Springs, KS
Registered Nurse 142933
On December 11, 2013, another nurse discovered someone had accessed the Omnicell using her name and password. An investigation ensued in which licensee was confronted, and licensee admitted he had taken and diverted Hydromorphone and Morphine to himself for his own use. Licensee also admitted that he had taken Fentanyl. The results of the drug screen on Licensee showed a positive result for Hydromorphone and Morphine
Probation 10/10/2014 to 10/10/2019

Williams, Crystal R.
Saint Louis, MO
Licensed Practical Nurse
Applicant's Missouri nursing license was originally issued on January 18, 2010, and was current and active until her license was revoked by the Board on June 13, 2011. Licensee entered into a Settlement Agreement (Agreement) with the Board effective February 2, 2011, stipulating that her license was subject to discipline as a result of pleading guilty to conspiracy to possess with intent to distribute methylenedioxy methamphetamine (MDMA - street name ecstasy).
Probation 11/20/2014 to 11/20/2017

Sayre, Bobbi Jo
Salisbury, MO
Licensed Practical Nurse 2010031501
Licensee was employed as a licensed practical nurse by a nursing facility in Salisbury, Missouri at all times relevant herein. While on duty on June 12, 2011, at 05:35

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am, Licensee checked the blood sugar on a resident at the facility. The resident was obtunded at the time of the test. This resident was an insulin-dependent diabetic. The blood sugar test for the patient read "Lo." Licensee was not familiar with the term "Lo" for this particular glucometer because it generally provided numerical results. "Lo" in terms of a blood sugar or blood glucose level on this particular glucometer, is anything below 20. The test on the resident was done using a glucometer. Licensee instructed a certified nursing assistant (CNA) to get the resident up and give the resident juice. Licensee then left the resident's room to check on other patients. However, the resident was un-responsive and was unable to drink the juice pursuant to Licensee's direction to the CNA. When the CNA realized that the resident was un-responsive and unable to drink the juice, the CNA was not immediately able to locate Licensee. By 5:54 am, the patient had not received any medication. When the CNA located Licensee, the CNA informed Licensee that the resident was un-responsive and the CNA could not carry out Licensee's directions to help the patient. They both then went immediately to the resident's room, where licensee confirmed the resident was unresponsive. At 05:55 am, Licensee went to the other side of the facility to contact the other charge nurse, LPN J.H. for assistance with this resident. Licensee told J.H. that resident's last blood sugar was "Lo." When J.H. went to the resident's room, the resident was gray and ashy colored, but breathing. J.H. assessed the resident and gave the resident glucose gel and put it in the resident's cheek which brought his glucose reading up to 27 at 06:01 am. J.H. told licensee to go call the doctor and an ambulance, which she did. Upon her return to the resident's room, the resident suddenly stopped breathing and went into respiratory distress. Working with licensee, J.H. gave the resident two quick breaths in his mouth. The resident threw up in J.H.'s mouth. After J.H. cleaned out his mouth, J.H. attempted to give the resident breaths two more times but was unable to detect a pulse. J.H. and licensee started CPR on the resident until emergency medical personnel arrived. JH instructed licensee to go make copies of the resident's medical record, which she did while the EMS technicians attended to the resident. At the hospital, the resident later arrested, and died at approximately 07:30. Based on the incident, the facility investigated Licensee's charting for the shift in question. It was found as part of the investigation that Licensee documented twelve other residents' blood sugar levels in the time period between the "Lo" reading on the resident in question and the "27" reading on the same resident. The above recitation of facts is a summary and not exhaustive of the facts of the matter.
Probation 11/06/2014 to 11/06/2015

Stringfellow, Samantha Margaret
Holt, MO
Licensed Practical Nurse 2003021407
On January 16, 2013, Respondent reported to work for her 7:00 PM to 7:00 AM shift. Respondent's co-workers contacted the Director of Nursing to report that Respondent was slurring her words, staggering, falling asleep, and failing to wake up. Respondent provided a urine sample for screening on January 17, 2013.
The sample that Respondent submitted tested positive for benzodiazepines. Respondent informed the Center staff that she consumed Valium prior to going to work. When questioned by the Director of Nursing about the positive drug test, Respondent claimed that she consumed Xanax.
Probation 09/25/2014 to 09/25/2019

PROBATION continued...

White, Andrew James
Columbia, MO
Registered Nurse 2010022721
During a routine audit in January 2013 that went back three months, it was discovered that Licensee's activity rate, particularly with the withdrawal of hydromorphone was very high compared to other users and that his activity rate for withdrawing hydromorphone from the Pyxis was increasing each month. The Pharmacy Manager looked for a physician's order and documentation of administration for the medications withdrawn by Licensee, but in many instances, she either could not find a physician's order for the medication withdrawn or she found no documentation of administration or wasting for the medication withdrawn. The loss report submitted to the Bureau of Narcotics and Dangerous Drugs (BNDD) indicated that Licensee diverted 65.5 ml of hydromorphone; 1.75 ml of lorazepam; 1.0 ml of diazepam; 1.2 ml of morphine; and 2.0 ml of Fentanyl from October 1, 2012 through December 31, 2012. When Licensee was questioned about the discrepancies, Licensee initially denied diverting; however, then admitted to diverting narcotics for his personal use and requested help. Licensee additionally submitted to a drug test on January 30, 2013, which was positive for opiates, tramadol, hydrocodone, hydromorphone and oxymorphone. Licensee was prescribed Norco, tramadol, and Neurontin; however, he did not have a prescription for oxymorphone. Licensee sought treatment on February 5, 2013 and is receiving aftercare.
Licensee worked his first shift during the week of April 28, 2013, through May 2, 2013. As a result of a medication error discovered by the employer, Licensee was requested to submit to a drug test on September 25, 2013. The drug test was positive for hydromorphone. Licensee did not have a prescription for hydromorphone.
Probation 11/06/2014 to 11/06/2019

Reich-Gage, Christina Michelle
Clever, MO
Licensed Practical Nurse 2014037870
Applicant admitted to taking pain medication in the form of opiates not prescribed to her.
Probation 10/23/2014 to 10/23/2019

Anderson, Rachele C.
Fenton, MO
Registered Nurse 2003012763
While employed at the hospital, between February 28, 2011 through July 18, 2012, Licensee did not properly document the administration or waste of many different medications, and hospital officials began an investigation into her medication history records. On her shift of June 21-22, 2012, for patient SR, licensee told patient SR "I think you are in pain." Licensee documented administering 8 PRN (as needed) medications to SR on her shift, including Hydrocodone, Morphine Sulfate, Xanax and Toradol (all of these were ordered by a physician). Patient SR later related that the only real pain he had on the shift was minor knee pain. Licensee also documented administering Morphine Sulfate to SR on that shift in a time frame of slightly more than three hours apart. This was a violation of the physician's orders which called for Morphine Sulfate only every 4 hours PRN. On her shift of June 13-14, 2012, for patient CV, Licensee documented administering 8 PRN medications to CV, including 12 mg of Dilaudid through an IV in 5 doses, and 5 tablets of Oxycodone. The Dilaudid was given outside of the hospital's policy and IV administration guidelines because the Dilaudid, per physician's orders, was only supposed to be given every 4 hours PRN. One dose of Dilaudid was given nearly one hour early and another one was given in a dose too large because of a previous dose. These medications were also given while CV was charted as being "SA," which means "sleeping but arousable." One of the 5 tablets of Oxycodone was also shown as withdrawn but not administered to CV. It was noted by hospital officials that the next shift nurse for CV only gave 2 PRN medications to CV over the course of her entire shift. On her shift of June 13-14, 2012 and a next shift on June 15, 2012, for patient VH, licensee gave 16 PRN medications to VH over the course of these shifts. Licensee did not follow the hospital's guidelines or physician orders when administering Ativan through an IV to VH by giving VH a second dose approximately one hour early. Licensee also did not give VH a pain assessment when giving VH all pain medications as required by hospital policy. Licensee also gave VH PRN medications in the early morning hours only minutes apart, at 0250, 0251 and 0252 of Oxycodone, Ativan, and Morphine Sulfate, in quick succession. Licensee also incorrectly on one dose gave 4 mg of Morphine Sulfate to VH when physician orders only allowed 2 mg. Licensee also incorrectly gave VH Morphine Sulfate approximately one half-hour early on one dose. Licensee was confronted by hospital officials about the various discrepancies noted above on June 26, 2012, and licensee could not explain or offer any assistance on why any of the discrepancies occurred.
Probation 11/06/2014 to 11/06/2017

Jennings-Holland, Heather Dawn
Joplin, MO
Licensed Practical Nurse 2004020336
On July 22, 2013, Respondent pled guilty to the class D felony of driving while intoxicated, persistent offender. On July 13, 2011, Respondent pled guilty to the class B misdemeanor of driving while intoxicated. On November 30, 2011, Respondent pled guilty to the class A misdemeanor of driving while intoxicated. Respondent admitted that she has pled guilty to driving while intoxicated a total of five (5) times, and two (2) of the guilty pleas were in municipal courts. Respondent failed to disclose her guilty pleas on her 2012 renewal application to the Board.
Probation 09/24/2014 to 09/24/2019

Thompson, Rebecca Ann
Mount Vernon, MO
Registered Nurse 2009006183
Suspended 10/21/14 to 11/4/14; Probation 11/5/14 to 11/5/19; On March 3, 2014, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of marijuana.
Probation 11/05/2014 to 11/05/2019

McCall, Mylisa Lyn
St. Robert, MO
Registered Nurse 2009024049
On January 28, 2014, Resident DC resided at the hospital. Resident DC was acting up and attempting to kick Patient Care Assistant SB. SB attempted to restrain resident DC. While SB was restraining resident DC, Public Safety Officer RG and Licensee entered the room to assist. RG drew back his right hand and punched resident DC twice in the ribs. Licensee witnessed the punches to resident DC. Licensee was the charge nurse at the time resident DC was punched. Licensee did not assess resident DC after the punches, did not document that the resident was

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hit, failed to notify her supervisor of resident DC being punched, failed to notify the doctor that resident DC had been punched, and failed to notify resident DC's guardian that DC had been punched. Licensee admitted that she saw resident DC get punched twice in the ribs and did not report the incident or assess resident DC.
Probation 11/13/2014 to 11/13/2017

Cash, Debbera J.
Cassville, MO
Licensed Practical Nurse 034636
Licensee, although an LPN, was not certified to perform administration of intravenous fluid treatment. On September 29, 2013, licensee, while on duty and caring for patient RC, removed RC's intravenous midline and did so without a physician's order.
Probation 11/11/2014 to 11/11/2015

Bishop, Jessica Bree
Saint Louis, MO
Registered Nurse 2005008819
On February 26, 2010, Respondent pleaded guilty to "Fraudulently Attempting to Obtain a Controlled Substance," a Class D Felony. On or about July 6, 2009, Respondent knowingly obtained or attempted to obtain a controlled substance by falsely representing herself to be an employee of Dr. J.W's office for the purpose of obtaining Hydrocodone
Probation 10/03/2014 to 10/03/2017

Elledge, Aimee M.
Saint Joseph, MO
Licensed Practical Nurse 057110
Licensee provided a written statement/confession to stealing PRN narcotics from the facility. Licensee was placed on the DHSS Employee Disqualification List on August 29, 2013, for a period of five years, ending on August 29, 2018.
Probation 09/30/2014 to 09/30/2019

Harkins, Diana L.
Salem, MO
Registered Nurse 146289
An investigation into licensee's nursing documentation revealed that on August 15, 22, 29; September 5, 11, 19, 26; and October 3 and 10; 2013, licensee had falsified documentation on patient A that she had "set up medications" for that patient when she had not, in fact, done so. Licensee admitted to the Board's investigator that she had in fact falsified this documentation and that she "knew it was wrong."
Probation 11/27/2014 to 11/28/2014

PROBATION continued...

Meyer, April Dawn
Jackson, MO
Registered Nurse 2005008602
On August 23, 2013, Licensee was driving a company car when she ran over a concrete slab covering a culvert in front of a patient's home. Licensee submitted to a drug screen that came back positive for marijuana.
Probation 09/23/2014 to 09/23/2017

Whisenton, Erica Tamar
Black Jack, MO
Registered Nurse 2011020018
On October 25, 2013, Licensee arrived at work late. After Licensee arrived at work, co-workers began to have concerns about Licensee and reported to administration that Licensee was exhibiting suspicious and abnormal behavior, which lead the administration to believe that Licensee may be intoxicated. Licensee was requested to submit a sample for a for-cause urine drug- screen test on October 25, 2013. Licensee agreed to submit a sample for testing. While completing the paperwork for the drug screen, Licensee admitted to taking Tramadol, Ambien, and Benadryl the night before. The results of the drug test indicated that Licensee tested positive for Propoxyphene, Hydrocodone, Codeine, Morphine, Oxycodone, Oxymorphone, Butalbital, Tramadol, and Ambien.
Probation 11/11/2014 to 11/11/2019

Schachtner, Heather Leann
De Soto, KS
Registered Nurse 2012040921
On February 13, 2014, a patient of the facility requested pain medication from the evening nurse, C.B. C.B. checked with the patient's day nurse, D.Y., who stated that the patient had not received any pain medication since early that morning. C.B. went to the Pyxis to withdraw pain medication and saw that Licensee had withdrawn two (2) hydrocodone tablets for the patient. C.B. then checked the patient's medication administration record (MAR). It was not documented that the hydrocodone withdrawn by Licensee had been administered to the patient. C.B. checked the patient's Pyxis report again and noted that Licensee had withdrawn hydrocodone earlier in the day for the patient and had withdrawn hydrocodone for the patient one (1) hour after D.Y. had removed hydrocodone for the patient. The patient was not assigned to Licensee. J.T. ran an audit of Licensee's medication withdrawals for the previous thirty (30) days. The audit revealed that Licensee had withdrawn four (4) hydrocodone 7.5/325 mg. tablets; one (1) oxycontin 10 mg. tablet; five (5) oxycontin 20 mg. tablets; two (2) hydrocodone 10/325 tablets; and, two (2) lorazepam 1 mg. tablets for patients that were not assigned to her and were not documented as administered or wasted. Licensee admitted that she had stolen the medications for personal use and that she had been diverting controlled substances from the facility since she began employment with the facility. Licensee admitted to ingesting the controlled substances she diverted while working.
Probation 11/11/2014 to 11/11/2019

REVOKED

Cockrell, Hazel M.
O Fallon, MO
Registered Nurse 061422
The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of May 26, 2014. Respondent was required to obtain continuing education hours covering the following categories: Righting a Wrong -Ethics and Professionalism in Nursing; Professional Accountability and Legal Liability for Nurses; Missouri Nursing Practice Act; Disciplinary Actions: What Every Nurse Should Know, and have the certificate of completion for all hours submitted to the Board by May 26, 2014. On May 28, 2014, a letter was sent to Respondent by the Board's discipline administrator informing Respondent that the Board had not received the employer evaluation or the proof of completion of the required continuing education classes. Respondent signed for the letter on June 4, 2014. On June 17, 2014, Respondent called the Discipline Administrator, and asked what she needed to do to request an extension. It was explained to Respondent that she needed to make a written request and the request would then be placed on a call before the Board to be held July 10, 2014. The Board never received a request for an extension from Respondent. The Board never received proof of any completed hours.
Revoked 09/18/2014

Bixler, Jennifer Lynn
Kirksville, MO
Licensed Practical Nurse 2000167977
On June 11, 2012, care center officials received notice that Respondent was withdrawing controlled substance pain medications for residents more frequently than other nurses. care center officials began to audit Respondent's controlled substance usage to determine if there were any issues. On July 3, 2012, care center officials spoke to Respondent regarding the controlled substance issues. Respondent was also requested to provide a urine sample for a for-cause drug test. The sample Respondent submitted tested positive for oxycodone.
Respondent charted the withdrawal and administration of Vicodin to patient RH. Respondent charted withdrawing Vicodin for RH on July 3, 2012, one (1) tablet; July 8, 2012, one (1) tablet; July 11, 2012, two (2) tablets; and July 14, 2012, two (2) tablets. Respondent only charted administering Vicodin to patient RH on July 8, 2012. Respondent charted Vicodin use on RH's pain flowsheet only on July 11, 2012 and July 14, 2012. Respondent charted the withdrawal and administration of Vicodin to patient JS. Respondent charted withdrawing Vicodin for JS on July 3, 2012, two (2) tablets; July 11, 2012, two (2) tablets; and July 14, 2012, two (2) tablets. Respondent did not chart the administration of any Vicodin to patient JS. Respondent charted Vicodin use on JS's pain flowsheet on July 11, 2012 and July 14, 2012. Respondent charted the withdrawal and administration of Vicodin to patient WA. Respondent charted withdrawing Vicodin for WA on July 3, 2012, two (2) tablets; July 6, 2012, two (2) tablets; July 8, 2012, two (2) tablets; July 11, 2012, two (2) tablets; and July 14, 2012, two (2) tablets. Respondent only charted administering Vicodin to patient WA on July 8, 2012. Respondent charted Vicodin use on WA's pain flowsheet on July 8, 2012; July 11, 2012; and July 14, 2012.
Revoked 09/18/2014

Revocation continued on page 17

Revocation continued from page 16

Montgomery, Ruth R.
Columbia, MO
Registered Nurse 150943
On or about June 27- 28, 2013, Respondent was assigned to care for patient K.P. K.P. was terminal and had requested not to be resuscitated; however, K.P. was on oxygen and had a tracheostomy tube as a comfort measure. The oxygen was ordered per physician order. Oxygen is a medication requiring a physician order for use and to terminate administration of oxygen. On or about June 28, 2013, Respondent terminated oxygen to K.P. at K.P.'s girlfriend's request without a physician order and without notifying the physician that she had withdrawn oxygen from K.P. K.P died 10 to 20 minutes after Respondent removed his oxygen. Respondent failed to document or chart that she removed oxygen from K.P.
Revoked 09/16/2014

Franklin, Christi Jennifer
Troy, MO
Licensed Practical Nurse 2008026853
On or about July 7, 2013, the Administrator of a facility received a phone call from a nurse manager that two (2) liquid Roxanol containers had an odd odor. The Administrator smelled the two (2) containers and noted that both containers smelled like mouthwash and the liquid in the containers was also the same color of the mouthwash used at the facility. The Administrator conducted a review of everyone who signed out Roxanol and discovered that Respondent was signing out that she was administering frequent doses of Roxanol to patients who were not vocal or able to speak for themselves. Roxanol is a brand name of morphine sulfate, a pain killer, and is ordered to be administered as needed for pain relief. The Administrator questioned Respondent about the Roxanol being tampered with and Respondent initially denied knowing anything about the Roxanol being tampered with. The Administrator then questioned other staff and residents. She discovered that the Roxanol prescribed to patient, E.I., had been tampered with and smelled like mouthwash. E.I. was terminal and was undergoing pain management. E.I. was not able to speak for himself but would moan and become agitated when in pain. E.I. had been agitated and uncomfortable and his physician increased his dosage of Roxanol but E.I. did not seem to be relieved from his pain with the increased dosage. After his Roxanol was found to be tampered with, a new container of Roxanol was ordered for him and was effective in relieving his pain. E.I. died shortly after receiving the new container of Roxanol. On or about July 8, 2013, Respondent admitted to the Administrator that she had been diverting the Roxanol for her personal consumption and had replaced the Roxanol that she took with water and mouthwash. She further stated that she had been diverting Roxanol since April 2013. E.I. received injections of the water and mouthwash that Respondent had placed in his Roxanol containers. Respondent provided a written statement to her employer that she had diverted Roxanol from five (5) patients and replaced the patients' Roxanol with water and/or mouthwash to conceal her diversion from approximately April 8, 2013 through approximately the end of June 2013. Respondent stated that she would take full "bottles" of Roxanol and replace the bottle with water and/or mouthwash. Respondent documented that the patients were administered the Roxanol that she withdrew for herself when in fact, the patients were not administered the Roxanol. Respondent admitted to ingesting Roxanol while working as a licensed practical nurse at the facility. Respondent admitted to an investigator of the Board that she had also diverted one (1) Percocet from a patient.
Revoked 09/16/2014

Burger, Hanna Lynn
Scott City, MO
Licensed Practical Nurse 2005034894
In March 2013, three (3) blister packs, or "cards," of Tramadol were reported missing from the nursing home. Five (5) nurses were identified as having worked on all of the units that were missing Tramadol and were required to submit a sample for for-cause drug testing. Respondent was one of the nurses who was required to submit a sample. Respondent provided a sample for testing on April 4, 2013. The sample that Respondent submitted for testing returned positive for Tramadol and methamphetamine.
Revoked 09/18/2014

Blythe, Stephanie Lynn
Harrisonville, MO
Registered Nurse 2001008775
On November 2, 2012, Respondent submitted a sample for testing which returned positive for methamphetamines. The hospital clinic director reported that Respondent admitted to relapsing and using methamphetamines over the weekend prior to the urinalysis. Respondent signed

REVOCATION continued...

the employee warning notice regarding the positive drug screen and stated "no contest" to the allegations. The hospital allowed Respondent to enter into a supportive action plan requiring her to attend chemical dependency counseling and complete random urinalysis testing in order to maintain her employment. On December 19, 2012, notice was received that Respondent had not been appearing for scheduled individual or group sessions. On December 27, 2012, notice was received that Respondent had not initiated services beyond the initial intake.
Revoked 09/25/2014

Reich, Brent A.
Auxvasse, MO
Licensed Practical Nurse 054693
On or about March 29, 2012, Respondent made unwanted advances on a co-worker, including discussing having sexual relations and going so far as to come up behind her and kiss her on the cheek when she was not expecting it.
Revoked 09/17/2014

Joseph, Nahdeen J.
Independence, MO
Licensed Practical Nurse 2005035418
Respondent did not contract with or sign up with the TPA, National Toxicology Specialists, Inc (NTS) by February 11, 2014. The Board did not receive an employer evaluation or statement of unemployment by the quarterly documentation due date of April 14, 2014. The Board has not received a thorough chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of February 24, 2014. Respondent was advised by UPS Ground Mail to attend a meeting with the Board's representative on January 28, 2014. Respondent did not attend the meeting or contact the Board to reschedule the meeting.
Revoked 09/16/2014

Fontana, Regina F.
Bismarck, MO
Licensed Practical Nurse 032747
Respondent asked a non-nursing licensed nurse's aide to work two four-hour shifts for her in taking care of client S, and the aide did so. Respondent paid the aide $10.00 per hour to do so. These shifts occurred on September 18, 2011 and September 25, 2011. Respondent falsely charted that she herself did the actual visits and as if they were visits by a qualified nurse, and submitted them for Medicaid reimbursement. Respondent's rate of pay was $15.00 per hour plus mileage. Respondent was placed on the Missouri Health Employee Disqualification List as a result of her actions effective for one year from the date of December 18, 2013.
Revoked 09/24/2014

Goodman, Crystal Dawn
Kennett, MO
Registered Nurse 2007016993
On July 20, 2013, Respondent was discovered by her coworkers to speak with slow slurred speech, to stop talking midsentence, with her eyes rolling back in her head, and making conflicting statements when reporting on patients. Respondent's supervisor requested that Respondent provide a urine sample for a for-cause drug test. The sample which Respondent provided returned positive for hydrocodone, hydromorphone, desmethyldizepam, oxazepam, and temazepam.
Revoked 09/19/2014

Douglas, Anthony B.
Chatham, IL
Registered Nurse 2007006458
The Illinois State Department of Financial and Professional Regulation, Division of Professional Regulation, disciplined Respondent's nursing license upon grounds for which suspension or revocation is authorized in this State.
Revoked 09/19/2014

Wilkins, Candie Michelle
Doe Run, MO
Licensed Practical Nurse 2004026358
On March 23, 2010, while on duty as an LPN, Respondent diverted hydromorphone from a patient under her care. Respondent did not have a prescription for the hydromorphone she diverted. On November 24, 2010, Wilkins was placed on the Department of Health and Senior Services' ("DHSS") Employee Disqualification List ("EDL") for a period of four (4) years. On October 8, 2010, in the Circuit Court of St. Francois County, Respondent pled guilty to the class C felony of stealing a controlled substance for her diversion of hydromorphone.
Revoked 09/18/2014

REVOCATION continued...

Sims, Patricia S.
Cameron, MO
Licensed Practical Nurse 048106
On May 9, 2012, Respondent was responsible for administering medications to residents. On that date, Respondent withdrew six (6) tablets of Oxycodone at 4:50 pm for resident JP and then again at 910pm withdrew an additional four tablets of Oxycodone for resident JP. JP's medication orders were for one to three tablets every four hours as needed. On that same date, in reference to resident RP, RP had received one tablet of Oxycodone from a previous nurse at 2:30 pm. Respondent withdrew one tablet of Oxycodone at 3:22 pm for RP and withdrew again two tablets of Oxycodone for RP at 9:10 pm. RP's medication orders were for 1 tablet every four hours as needed. The Manor found that Respondent had removed the Oxycodone outside of the strictures of the physician's orders and Respondent had not documented them as returned or wasted. Respondent refused to submit to the drug screen.
Revoked 09/16/2014

Yarbrough, Sherry L.
Naylor, MO
Registered Nurse 117004
From Respondent's last appearance in front of the Board, on March 8, 2013, through August 3, 2014, Respondent has failed to call in to NTS on seventy (70) days. Respondent ceased calling NTS on June 1, 2014. In addition, on June 19, June 30, July 10, and July 30, 2014, Respondent failed to call NTS; however, all were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on June 19, June 30, July 10, and July 30, 2014. On May 21, 2014, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of meperidine. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of June 30, 2014.
Revoked 09/17/2014

Fox, Shelia Lynn
Birch Tree, MO
Licensed Practical Nurse 2011030749
From Respondent's last appearance before the Board on March 7, 2012, until the filing of the probation violation Complaint on August 1, 2014, Respondent has failed to call in to NTS on nineteen (19) days. Further, on April 2, 2012 and on July 11, 2013, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample on both dates. In addition, on four separate occasions, December 17, 2012; March 21, 2013; May 13, 2013; and, October 9, 2013, Respondent reported to lab and submitted the required sample which showed low creatinine readings. A creatinine reading below 20.0 is suspicious for a diluted sample, which is deemed a failed test. Pursuant to the terms of Respondent's probation in the Order, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of June 13, 2014. However, the Board did receive an employer evaluation on June 30, 2014.
Revoked 09/24/2014

Renaud, Christine Marie
Vienna, MO
Licensed Practical Nurse 2006026759
The Board did not receive an employer evaluation or statement of unemployment on any of the following quarterly documentation due dates: October 17, 2011; January 16, 2012; April 16, 2012; July 16, 2012; October 15, 2012; January 15, 2013; April 15, 2013; July 15, 2013; October 15, 2013; January 15, 2014; and, April 15, 2014. The Board did not receive proof of completion of any continuing education hours.
Revoked 09/24/2014

Fulk, Corinna L.
Winona, MO
Registered Nurse 2003002686
From December 5, 2013 until the filing of the Amended Complaint on August 11, 2014, Respondent has failed to call in to NTS on thirty-one (31) separate days. Further, on December 17, 2013, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition,

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on March 5, 2014; May 21, 2014; May 27, 2014; June 10, 2014; July 18, 2014; July 30, 2014; and August 8, 2014, Respondent failed to call NTS; however, all were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on March 5, 2014, May 21, 2014, May 27, 2014, June 10, 2014, July 18, 2014, July 30, 2014, and August 8, 2014. In addition, on one occasion, January 30, 2014, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading of 12.8. The Board did not receive an updated chemical dependency evaluation by the documentation due dates of February 10, 2014 and May 8, 2014, and August 8, 2014. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of August 8, 2014.
Revoked 09/24/2014

Durant, Laurie Lynn
Collins, MO
Registered Nurse 2008008589
Respondent tested positive for amphetamines. Respondent does not have a prescription for, or a valid reason to possess, amphetamines. On March 14, 2013; June 18, 2013; December 24, 2013; and, March 25, 2014, Respondent failed to call in to NTS as required. Additionally, on March 14, 2014 and, April 17, 2014, Respondent failed to submit a sample for drug and alcohol screening on those dates after being notified that she had been selected for testing by NTS. Respondent violated state law in regard to possession of a controlled substance by testing positive for amphetamines, a controlled substance, on May 26, 2014. On June 12, 2012 and again on January 23, 2013, Respondent submitted dilute urine specimen to NTS. The creatinine reading on June 12, 2012 was 8.9 and the creatinine reading on January 23, 2013 was 17.6.
Revoked 09/24/2014

SUSPENSION

Thompson, Rebecca Ann
Mount Vernon, MO
Registered Nurse 2009006183
On March 3, 2014, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of marijuana.
Suspension 10/21/2014 to 11/04/2014; Probation 11/5/14 to 11/5/19

SUSPENSION continued...

Smith, Barbara Jean
Saint Louis, MO
Registered Nurse 124423
On November 4, 2013, licensee's pyxis activity was examined after licensee did not document correctly an administration of "Norco" to a patient. Facility officials began an investigation of licensee's pyxis activity and found 41 instances of unaccounted-for narcotics by licensee, which consisted of Hydrocodone and Oxycodone. Upon being confronted by Facility officials, licensee admitted that she had been diverting medications for her own use and consumption from Facility for approximately six (6) months.
Suspension 10/25/2014 to 04/25/2014; Probation 4/26/2015 to 4/26/2020

VOLUNTARY SURRENDER

Fitzwater, Deanna J.
Festus, MO
Licensed Practical Nurse 015224
On August 24, 2012, Licensee received a disciplinary warning for failing to process doctor's orders for labs to be drawn on a patient, for delaying care to a patient with bruising by failing to assess the patient as soon as the bruising was noted, and for failing to note changes in patient conditions when informed by CNAs. On May 31, 2013, Licensee received a written disciplinary notice for failing to follow supervisor's directions to contact a patient's doctor about patient's condition. On July 15, 2013, Licensee was suspended from work for four (4) days for failing to chart a patient fall and failing to notify the patient's doctor and daughter of the patient's fall. On November 21, 2013, Licensee gave patient EV thirty (30) units of insulin that was for patient ES. Patient EV is not diabetic and does not have a prescription order for insulin. Licensee realized her mistake immediately after injecting patient EV with insulin. Licensee failed to assess patient EV after the administration of the insulin. Licensee failed to contact patient EV's doctor for new orders after the improper medication administration.
Voluntary Surrender 11/24/2014

Orszulak, Emily Katherine
Chesterfield, MO
Registered Nurse 2011006460
On September 9, 2013, licensee pled guilty to second degree trespassing.
Voluntary Surrender 11/07/2014

Warren, Stacy L.
Fenton, MO
Registered Nurse 115888
On September 5, 2012, licensee knowingly made a false report to the police. Licensee was therefore charged with making a false report to the police. On February 14, 2013, licensee plead guilty to making a false report. Licensee admitted to the Board's investigator that she "could not defend her actions or her behavior" and admitted that after 20 years of sobriety, she had relapsed. Licensee also called in a prescription for herself for Hydrocodone.
Voluntary Surrender 11/18/2014

VOLUNTARY SURRENDER continued...

Fowler, Carolyn M.
Kansas City, MO
Registered Nurse 129454
Licensee voluntarily surrendered her license on 9/11/2014.
Voluntary Surrender 09/11/2014

Stevens, Brooke Danielle
Columbia, MO
Registered Nurse 2013019746
On September 2, 2014, Licensee voluntarily surrendered her Missouri nursing license.
Voluntary Surrender 09/02/2014

Anderson, Kathleen M.
Belton, MO
Registered Nurse 105351
On January 11, 2014, Licensee was called by another nurse to perform a procedure at an area hospital. Licensee was the on-call nurse "back-up" that day. Licensee informed the nurse she could not perform the procedure since she had consumed four beers and asked that someone else cover the procedure because she could not do so in her condition. Licensee did not report for the procedure. Policies in effect at the time prohibited on-call nurses from being intoxicated or under the influence of alcohol while in an "on-call" status. The next day, on January 12, 2014, licensee performed a procedure on a different patient at the same hospital. Licensee performed the procedure, but the patient died. Licensee did not report the death to her supervisor or the medical director on January 12, 2014, and only reported it when a supervisor asked her about it on January 13, 2014. Policies in effect at the time mandated that an on-call nurse such as licensee report such a death to the medical director or supervisor. Licensee was terminated for her actions.
Voluntary Surrender 09/02/2014

Lamb, Peggy Ann
Columbia, MO
Licensed Practical Nurse 2006018355
On May 16, 2013, licensee was required to submit to a drug screen. The drug screen was positive for Methadone. Licensee did not have a prescription for Methadone.
Voluntary Surrender 09/08/2014

Schneider, Marnie L.
Grover, MO
Registered Nurse 145530
Licensee voluntarily surrendered her license on 9/24/2014.
Voluntary Surrender 09/24/2014

Wooliver, Melissa L.
Moscow Mills, MO
Registered Nurse 131235
Licensee voluntarily surrendered her license on September 24, 2014.
Voluntary Surrender 09/24/2014

Otting, Rolland Lester
Kansas City, MO
Licensed Practical Nurse 2010032385
Licensee voluntarily surrendered his license on September 8, 2014.
Voluntary Surrender 09/08/2014

Shultz, Melinda S.
N. Kansas City, MO
Registered Nurse 116496
On October 22, 2014, Licensee voluntarily surrendered her Missouri nursing license.
Voluntary Surrender 10/22/2014

Bostick, La'ri Shari
Rochester, NY
Registered Nurse 2012037208
On October 9, 2014, Licensee voluntarily surrendered her Missouri nursing license.
Voluntary Surrender 10/09/2014

Voluntary Surrender continued on page 19

Voluntary Surrender continued from page 18

Stein, Bernice A.
Wright City, MO
Registered Nurse 103837
On February 7, 2012, officials gave Licensee an oral counseling. Licensee was counseled that in her role as a nurse, she cannot overstep a physician's order. On February 11, 2012, officials gave Licensee a written memorandum detailing various negative behaviors and attitude that Licensee displayed while working in her position and stated that Licensee did not complete the following work that is assigned to her in regard to her patient care and other duties: glucometer checks, refrigerator temperature checks, crash cart checks, and incomplete charting. On April 2, 2012, officials gave Licensee a "written counseling" because of Licensee's actions in violating patient privacy and federal HIPPA laws. On December 16, 2012, officials gave Licensee a written memorandum because a patient had been discharged without receiving flu and pneumonia vaccines that had been ordered by a physician to be given. On July 20-21, 2013, officials placed Licensee on suspension from her nursing duties because of two incidents with patients in her care a few days earlier. The first incident was in relation to Patient A, who had been admitted with pneumonia and Hypoxemia and was an aspiration risk, and had vomited. Licensee simply charted on the patient "emesis coffee ground, smells like stool, patient asleep," and did not clean up the vomit or assess the patient for aspiration, did not set up a suction, and did not use the suction canister. The patient later died that same day after becoming increasingly short of breath. In a second incident, with patient B, Licensee admitted a patient and did not complete the assessment properly, and when asked to give report to day shift on the patient, was unable to do so. On September 14-15, 2013, officials placed Licensee on suspension again because of three other incidents with patients in her care a few days earlier. The first incident was in regard to patient C, who was admitted with atrial fibrillation with a rapid ventricular response for whom an Amiodarone drip had been ordered and which had started shortly after midnight. Licensee did not document vital signs on patient C in accordance with hospital policies or in accordance with antiarrythmic medication in that vitals were only documented at 2344 and then on the next day at 0432. The second incident was in regard to patient D who was admitted to the ICU in Licensee's care with an initial EKG which Licensee interpreted incorrectly; as Licensee did not note anything wrong with patient D's heart rhythm and documented "Sinus Bradycardia," which was incorrect. Patient D did, in fact, have complete heart block and this was not noted by Licensee until discovery by another nurse some 9 hours later. The third incident was in regard to patient E who was admitted to the ICU when Licensee assumed her shift. Licensee never notified patient E's physician that patient E presented with new onset atrial fibrillation and instead charted that patient E was in "Sinus Tach" meaning a rapid heart rate, when in fact, patient E was in atrial fibrillation.
Voluntary Surrender 09/15/2014

NOTIFICATION OF NAME AND/OR ADDRESS CHANGE

☐ NAME ☐ ADDRESS ☐ PHONE ☐ ALTERNATE PHONE ☐ EMail

☐ RN ☐ APRN ☐ LPN

Missouri License Number _____ Social Security Number _____

NAME AS CURRENTLY IN OUR SYSTEM

Last Name (Printed) _____ First Name (Printed) _____

NEW INFORMATION

Last Name _____ First Name _____ Middle Name _____

(_____)_____ Daytime Telephone Number (_____)_____ Alternate Phone Number _____ E-mail Address

PRIMARY STATE OF RESIDENCE ADDRESS: (where you vote, pay federal taxes, obtain a driver's license)

Physical address required, **PO boxes are not acceptable**

CITY STATE ZIP

MAILING ADDRESS (ONLY REQUIRED IF YOUR MAILING ADDRESS IS DIFFERENT THAN PRIMARY RESIDENCE)

STREET OR PO BOX

CITY STATE ZIP

☐ I declare _____ as my primary state of residence effective _____.
(primary state of residence) (effective date)

☐ I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a Missouri single-state license regardless of my primary state of residence.

Information on the Nurse Licensure Compact can be found at www.ncsbn.org/nlc.htm
In accordance with the Nurse Licensure Compact **"Primary State of Residence"** is defined as the state of a person's declared fixed, permanent and principal home for legal purposes; domicile. Documentation of primary state of residence that may be requested (but not limited to) includes:

- Driver's license with a home address
- Voter registration card displaying a home address
- Federal income tax return declaring the primary state of residence
- Military Form no. 2058 – state of legal residence certificate
- W-2 from US Government or any bureau, division or agency thereof indicating the declared state of residence

Proof of any of the above may be requested.

When your primary state of residence is a non-compact state, your license will be designated as a single-state license valid only in Missouri.

When your primary state of residence is a compact state other than Missouri, your Missouri license will be placed on inactive status and you can practice in Missouri based on your unrestricted multi-state license from another compact state.

I solemnly declare and affirm, that I am the person who is referred to in the foregoing declaration of primary state of residence; that the statements therein are strictly true in every respect, under the pains and penalties of perjury.

→_____ _____
Signature ***(This form must be signed)*** Date

Complete, SIGN and Return to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 Or Fax to 573-751-6745 or Scan and Email to nursing@pr.mo.gov